

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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DE	ET	OE	ES
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SUNDRY NOTICE

Submit a signed original. This form is to be used for general, technical and environmental sundry information. For proposed or completed operations, describe in full in Comments or provide as an attachment. Identify Well by API Number; identify Oil and Gas Location by Location ID Number; identify other Facility by Facility ID Number.

OGCC Operator Number: 10705 Contact Name Tracy Dyke
 Name of Operator: EVERGREEN NATURAL RESOURCES LLC Phone: (719) 845-4300
 Address: 1875 LAWRENCE ST STE 1150 Fax: ()
 City: DENVER State: CO Zip: 80202 Email: tracy.dyke@enrllc.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 071 09336 00 OGCC Facility ID Number: 291012
 Well/Facility Name: STOOPS Well/Facility Number: 12-1
 Location QtrQtr: SWNW Section: 1 Township: 32S Range: 67W Meridian: 6
 County: LAS ANIMAS Field Name: PURGATOIRE RIVER
 Federal, Indian or State Lease Number: _____

Survey Plat		
Directional Survey		
Srfc Eqpmt Diagram		
Technical Info Page		
Other		

CHANGE OF LOCATION OR AS BUILT GPS REPORT

- Change of Location * As-Built GPS Location Report As-Built GPS Location Report with Survey

* Well location change requires new plat. A substantive surface location change may require new Form 2A.

SURFACE LOCATION GPS DATA Data must be provided for Change of Surface Location and As Built Reports.

Latitude _____ GPS Quality Value: _____ Type of GPS Quality Value: _____ Measurement Date: _____
 Longitude _____ GPS Instrument Operator's Name _____

LOCATION CHANGE (all measurements in Feet)

Well will be: _____ (Vertical, Directional, Horizontal)

Change of **Surface** Footage **From** Exterior Section Lines:

	FNL/FSL		FEL/FWL
1923	FNL	534	FWL

Change of **Surface** Footage **To** Exterior Section Lines:

Current **Surface** Location **From** QtrQtr SWNW Sec 1 Twp 32S Range 67W Meridian 6
 New **Surface** Location **To** QtrQtr _____ Sec _____ Twp _____ Range _____ Meridian _____

Change of **Top of Productive Zone** Footage **From** Exterior Section Lines:

Change of **Top of Productive Zone** Footage **To** Exterior Section Lines:

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Current **Top of Productive Zone** Location **From** Sec _____ Twp _____ Range _____

New **Top of Productive Zone** Location **To** Sec _____ Twp _____ Range _____

Change of **Bottomhole** Footage **From** Exterior Section Lines:

Change of **Bottomhole** Footage **To** Exterior Section Lines:

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Current **Bottomhole** Location Sec _____ Twp _____ Range _____

New **Bottomhole** Location Sec _____ Twp _____ Range _____

** attach deviated drilling plan

Is location in High Density Area? _____

Distance, in feet, to nearest building _____, public road: _____, above ground utility: _____, railroad: _____,

property line: _____, lease line: _____, well in same formation: _____

Ground Elevation _____ feet Surface owner consultation date _____

Comments:

ENGINEERING AND ENVIRONMENTAL WORK

NOTICE OF CONTINUED TEMPORARILY ABANDONED STATUS

Indicate why the well is temporarily abandoned and describe future plans for utilization in the COMMENTS box below or provide as an attachment, as required by Rule 319.b.(3).

Date well temporarily abandoned _____ Has Production Equipment been removed from site? _____

Mechanical Integrity Test (MIT) required if shut in longer than 2 years. Date of last MIT _____

SPUD DATE: _____

TECHNICAL ENGINEERING AND ENVIRONMENTAL WORK

Details of work must be described in full in the COMMENTS below or provided as an attachment.

NOTICE OF INTENT Approximate Start Date 07/01/2020

REPORT OF WORK DONE Date Work Completed _____

<input type="checkbox"/> Intent to Recomplete (Form 2 also required)	<input type="checkbox"/> Request to Vent or Flare	<input type="checkbox"/> E&P Waste Mangement Plan
<input type="checkbox"/> Change Drilling Plan	<input type="checkbox"/> Repair Well	<input type="checkbox"/> Beneficial Reuse of E&P Waste
<input checked="" type="checkbox"/> Gross Interval Change	<input type="checkbox"/> Rule 502 variance requested. Must provide detailed info regarding request.	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases	

COMMENTS:

Evergreen intends to complete multiple zones in the Raton and Vermejo formations which are considered common supply. New and existing intervals will be perforated, fracture stimulated using 70Q N2 foam, low volumes of guar gel with breakers, and formation water with sand volumes of approximately 250,000 to 450,000 lbs of sand depending upon the number of feet of pay actually completed. If necessary small volumes of low concentration acid will be used to clean up the perforations. After stimulation and cleanup the well will be returned to production utilizing pumps. It is anticipated that the spent stimulation fluids will be recovered during flow back and production operations. Proposed new gross interval is between 1328-2928. Water wells within ¼, ½, and 1-mile radius, wellhead elevations, water well elevations and exact distance to the well can be found on the attachment

CASING AND CEMENTING CHANGES

H2S REPORTING

Data Fields in this section are intended to document Sample and Location Data associated with the collection of a Gas Sample that is submitted for Laboratory Analysis.

Gas Analysis Report must be attached.

H2S Concentration: _____ in ppm (parts per million) Date of Measurement or Sample Collection _____

Description of Sample Point:

Absolute Open Flow Potential _____ in CFPD (cubic feet per day)

Description of Release Potential and Duration (If flow is not open to the atmosphere, identify the duration in which the container or pipeline would likely be opened for servicing operations.):

Distance to nearest occupied residence, school, church, park, school bus stop, place of business, or other areas where the public could reasonably be expected to frequent: _____

Distance to nearest Federal, State, County, or municipal road or highway owned and principally maintained for public use: _____

COMMENTS:

<u>Best Management Practices</u>	
<u>No BMP/COA Type</u>	<u>Description</u>

Operator Comments:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Tracy Dyke
Title: Production Technician Email: tracy.dyke@enrllc.com Date: 5/21/2020

Based on the information provided herein, this Sundry Notice (Form 4) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: Housey, Melissa Date: 10/9/2020

CONDITIONS OF APPROVAL, IF ANY:	
<u>COA Type</u>	<u>Description</u>
	In the event that ground disturbance necessary to conduct operations extends beyond the current stabilized work area, Operator shall implement stormwater controls including engineering and administrative controls, to prevent offsite migration of sediment/contaminants.
	Operator shall inform all Building Unit Owners within 1,500 feet of the Oil and Gas Location, of the planned operations including, date, time and duration of the operations.
	Operator shall inform the Las Animas County LGD prior to commencing the planned operations. Include, locations, planned dates, working hours and duration of operations.

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Environmental	<p>Conditions of Approval for recompletes in the Raton Basin</p> <p>1.Domestic Water Well Sampling - Prior to recompletion, collect baseline groundwater samples from two water wells within ½-mile radius of the oil/gas well to be re-completed. Comply with COGCC Rule 608.b. (1 - 5) requirements regarding sample locations, analyses, dissolved methane, post completion sample frequency and reporting. Include tert-Butyl Alcohol (TBA) with the other required analytes with a reporting limit <5µg/l. Use Form 43 - Sample Submittal Form to upload all laboratory analytical data.</p> <p>2.Collect a flowback sample and analyze for the constituents listed in Table 7-1 of the COGCC Model Sampling And Analysis Plan (Version 1, 5/1/13). In addition to BTEX, analyze the sample for a full list of Volatile Organic Constituents (VOCs) by EPA Method 8260B and Semi-Volatile Organic Constituents by EPA Method8270. Include TBA in the analyte list for VOCs with a reporting limit <5µg/l. After completion, the sample shall be collected within 48-hours of initial flowback. Use Form 43 - Sample Submittal Form to upload all laboratory analytical data within three months after collection of the samples.</p> <p>3.All flowback shall be placed in tanks or properly permitted and lined pits. No flowback shall be discharged to unlined pits.</p>	10/05/2020
Engineer	<p>Bottom hole elevation of WWs: <1/4 mi: (7657-7372)+200=485, 1/4-1/2 mi:(7657-7524)+100=233, 1/2-1 mi: (7657-7230)+50=477.</p> <p>Results: No WW's of concern for proposed recomplete.</p>	05/27/2020

Total: 2 comment(s)

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402404138	SUNDRY NOTICE APPROVED-INT
402404146	OTHER
402507511	FORM 4 SUBMITTED

Total Attach: 3 Files