

**State of Colorado  
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109



|                                      |    |    |    |
|--------------------------------------|----|----|----|
| DE                                   | ET | OE | ES |
| Document Number:<br><b>402543377</b> |    |    |    |
| Date Received:                       |    |    |    |

**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: 10112 Contact Name Josh Raburn  
 Name of Operator: FOUNDATION ENERGY MANAGEMENT LLC Phone: (918) 526-5547  
 Address: 5057 KELLER SPRINGS RD STE 650 Fax: ( )  
 City: ADDISON State: TX Zip: 75001 Email: jraburn@foundationenergy.com

Complete the Attachment Checklist

OP OGCC

API Number : 05- 103 10465 00 OGCC Facility ID Number: 273304  
 Well/Facility Name: COLUMBINE SP FED Well/Facility Number: 12C-12-4-104  
 Location QtrQtr: SWNW Section: 12 Township: 4S Range: 104W Meridian: 6  
 County: RIO BLANCO Field Name: BAXTER PASS  
 Federal, Indian or State Lease Number: COC10179

|                     |  |  |
|---------------------|--|--|
| Survey Plat         |  |  |
| Directional Survey  |  |  |
| Srvc 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 \_\_\_\_\_

**LOCATION CHANGE (all measurements in Feet)**

Well will be: \_\_\_\_\_ (Vertical, Directional, Horizontal)

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

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

Current **Surface** Location **From** QtrQtr SWNW Sec 12

New **Surface** Location **To** QtrQtr \_\_\_\_\_ Sec \_\_\_\_\_

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

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

Current **Top of Productive Zone** Location **From** Sec \_\_\_\_\_

New **Top of Productive Zone** Location **To** Sec \_\_\_\_\_

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

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

Current **Bottomhole** Location Sec \_\_\_\_\_ Twp \_\_\_\_\_

New **Bottomhole** Location Sec \_\_\_\_\_ Twp \_\_\_\_\_

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 \_\_\_\_\_

| FNL/FSL                             |   | FEL/FWL                                 |                                  |
|-------------------------------------|---|---|----------------------------------|
| <input type="text" value="1668"/>   | <input type="text" value="FNL"/>        | <input type="text" value="1011"/>       | <input type="text" value="FWL"/> |
| <input type="text"/>                | <input type="text"/>                    | <input type="text"/>                    | <input type="text"/>             |
| Twp <input type="text" value="4S"/> | Range <input type="text" value="104W"/> | Meridian <input type="text" value="6"/> |                                  |
| Twp <input type="text"/>            | Range <input type="text"/>              | Meridian <input type="text"/>           |                                  |
| <input type="text"/>                | <input type="text"/>                    | <input type="text"/>                    | <input type="text"/>             |
| <input type="text"/>                | <input type="text"/>                    | <input type="text"/>                    | <input type="text" value="**"/>  |
| Twp <input type="text"/>            | Range <input type="text"/>              |   |                                  |
| Twp <input type="text"/>            | Range <input type="text"/>              |   |                                  |
| <input type="text"/>                | <input type="text"/>                    | <input type="text"/>                    | <input type="text"/>             |
| <input type="text"/>                | <input type="text"/>                    | <input type="text"/>                    | <input type="text" value="**"/>  |
| Range <input type="text"/>          |   |   |                                  |
| Range <input type="text"/>          |   |   |                                  |

\*\* attach deviated drilling plan



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 09/21/2018 Has Production Equipment been removed from site? No

Mechanical Integrity Test (MIT) required if shut in longer than 2 years. Date of last MIT 09/28/2018

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 \_\_\_\_\_

REPORT OF WORK DONE Date Work Completed \_\_\_\_\_

- Intent to Recomplete (Form 2 also required)
- Request to Vent or Flare
- E&P Waste Mangement Plan
- Change Drilling Plan
- Repair Well
- Beneficial Reuse of E&P Waste
- Gross Interval Change
- Rule 502 variance requested. Must provide detailed info regarding request.
- Bradenhead Plan
- Status Update/Change of Remediation Plans for Spills and Releases
- Other \_\_\_\_\_

**COMMENTS:**

The Columbine Springs wells have utility as producers at a sustained \$3.25/mcf. The CBM field's water production at lower gas prices make the wells uneconomic. The wells are unable to produce without moving water. Future plans to reactivate the well are pending. The wells have a cast iron bridge plug above the perfs, and a wellhead master valve at the surface. Form 5A in process.

**CASING PROGRAM**

(No Casing Provided)

**POTENTIAL FLOW AND CONFINING FORMATIONS**

(No Casing Provided)

**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:

|  |
|--|
|  |
|--|

| <b>Best Management Practices</b> |                     |                    |
|----------------------------------|---------------------|--------------------|
| <b>No</b>                        | <b>BMP/COA Type</b> | <b>Description</b> |
|                                  |                     |                    |

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: Afton liams  
Title: HSE/Regulatory Technician Email: regulatory@foundationenergy.com Date: \_\_\_\_\_

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

COGCC Approved: \_\_\_\_\_ Date: \_\_\_\_\_

**CONDITIONS OF APPROVAL, IF ANY:**

| <b>COA Type</b> | <b>Description</b> |
|-----------------|--------------------|
|                 |                    |

**General Comments**

| <b>User Group</b> | <b>Comment</b> | <b>Comment Date</b> |
|-------------------|----------------|---------------------|
|                   |                | Stamp Upon Approval |

Total: 0 comment(s)

**Attachment Check List**

| <b>Att Doc Num</b> | <b>Name</b> |
|--------------------|-------------|
|                    |             |

Total Attach: 0 Files