

**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: <b>402064179</b>			
Date Received: <b>06/06/2019</b>			

**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: 66190 Contact Name Carla White  
 Name of Operator: OMIMEX PETROLEUM INC Phone: (817) 460-7777  
 Address: 2101 CEDAR SPRINGS RD STE 10 Fax: (817) 460-1381  
 City: DALLAS State: TX Zip: 75201 Email: carla\_white@omimexgroup.com

Complete the Attachment  
Checklist

OP OGCC

API Number : 05- 125 09178 00 OGCC Facility ID Number: 276970  
 Well/Facility Name: BLEDSOE Well/Facility Number: 13-30-3-43  
 Location QtrQtr: SWSW Section: 30 Township: 3N Range: 43W Meridian: 6  
 County: YUMA Field Name: WAUNETA  
 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: \_\_\_\_\_ PDOP \_\_\_\_\_ Measurement Date: \_\_\_\_\_  
 Longitude \_\_\_\_\_ GPS Instrument Operator's Name \_\_\_\_\_

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

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

	FNL/FSL		FEL/FWL	
Change of <b>Surface</b> Footage <b>From</b> Exterior Section Lines:	653	FSL	1036	FWL
Change of <b>Surface</b> Footage <b>To</b> Exterior Section Lines:				
Current <b>Surface</b> Location <b>From</b> QtrQtr <u>SWSW</u> Sec <u>30</u> Twp <u>3N</u> Range <u>43W</u> Meridian <u>6</u>				
New <b>Surface</b> Location <b>To</b> QtrQtr _____ Sec _____ Twp _____ Range _____ Meridian _____				
Change of <b>Top of Productive Zone</b> Footage <b>From</b> Exterior Section Lines:				
Change of <b>Top of Productive Zone</b> Footage <b>To</b> Exterior Section Lines:				**
Current <b>Top of Productive Zone</b> Location <b>From</b> Sec _____ Twp _____ Range _____				
New <b>Top of Productive Zone</b> Location <b>To</b> Sec _____ Twp _____ Range _____				
Change of <b>Bottomhole</b> Footage <b>From</b> Exterior Section Lines:				
Change of <b>Bottomhole</b> Footage <b>To</b> Exterior Section Lines:				**
Current <b>Bottomhole</b> Location Sec _____ Twp _____ Range _____				** attach deviated drilling plan
New <b>Bottomhole</b> Location Sec _____ Twp _____ Range _____				

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 02/13/2007 Has Production Equipment been removed from site? Yes

Mechanical Integrity Test (MIT) required if shut in longer than 2 years. Date of last MIT 04/09/2019

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 \_\_\_\_\_

<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 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:

The current economical conditions of the natural gas industry do not make it feasible for Omimex to produce the reserves from this well at this time.  
Better gas prices are needed to grant its operation.

**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:

### Best Management Practices

**No BMP/COA Type**

**Description**



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: Carla White  
Title: Engineering Tech Email: carla\_white@omimexgroup.com Date: 6/6/2019

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

COGCC Approved: Duran, Alicia Date: 12/7/2020

### CONDITIONS OF APPROVAL, IF ANY:

**COA Type**

**Description**



### General Comments

<b>User Group</b>	<b>Comment</b>	<b>Comment Date</b>
Engineer	This expired form is accepted for the record. It does not extend TA status beyond what was most recently submitted and approved nor does it approve any outstanding forms.	12/07/2020
Engineer	At what price will this well be economically feasible to complete? It is a value than can achieved in the near (in a year) future? What are the plans for this well after one year? Form 7 is required as no monthly record production since September 2018	07/03/2019

Total: 2 comment(s)

### Attachment List

**Att Doc Num**

**Name**

402064179	SUNDRY NOTICE APPROVED-TA
402548073	FORM 4 SUBMITTED

Total Attach: 2 Files