

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: 402471726 | | | |
| Date Received: 08/21/2020 | | | |

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: 10633 Contact Name Lindsey Organ
 Name of Operator: CRESTONE PEAK RESOURCES OPERATING LLC Phone: (303) 774-3958
 Address: 1801 CALIFORNIA STREET #2500 Fax: ()
 City: DENVER State: CO Zip: 80202 Email: lindsey.organ@crestonepr.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 013 06108 00 OGCC Facility ID Number: 206613
 Well/Facility Name: WARREN H WIGGETT Well/Facility Number: 13-2
 Location QtrQtr: NWNW Section: 13 Township: 1N Range: 69W Meridian: 6
 County: BOULDER Field Name: WATTENBERG
 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 |
| | <u>572</u> | <u>FNL</u> | <u>1241</u> |
| | | | <u>FWL</u> |

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

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

Current **Surface** Location **From** QtrQtr NWNW Sec 13

| | | | | | |
|-----|-----------|-------|------------|----------|----------|
| Twp | <u>1N</u> | Range | <u>69W</u> | Meridian | <u>6</u> |
|-----|-----------|-------|------------|----------|----------|

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:

| | | | | |
|--|--|--|--|----|
| | | | | ** |
|--|--|--|--|----|

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:

| | | | | |
|--|--|--|--|----|
| | | | | ** |
|--|--|--|--|----|

Current **Bottomhole** Location Sec _____ Twp _____

| | | |
|-------|-------|----------------------------------|
| Range | _____ | ** attach deviated drilling plan |
|-------|-------|----------------------------------|

New **Bottomhole** 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 _____

CHANGE OR ADD OBJECTIVE FORMATION AND/OR SPACING UNIT

| <u>Objective Formation</u> | <u>Formation Code</u> | <u>Spacing Order Number</u> | <u>Unit Acreage</u> | <u>Unit Configuration</u> |
|----------------------------|-----------------------|-----------------------------|---------------------|---------------------------|
| | | | | |

OTHER CHANGES

REMOVE FROM SURFACE BOND Signed surface use agreement is a required attachment

CHANGE OF WELL, FACILITY OR OIL & GAS LOCATION NAME OR NUMBER

From: Name WARREN H WIGGETT Number 13-2 Effective Date: _____

To: Name _____ Number _____

ABANDON PERMIT: Permit can only be abandoned if the permitted operation has NOT been conducted. Field inspection will be conducted to verify site status.

WELL: Abandon Application for Permit-to-Drill (Form2) – Well API Number _____ has not been drilled.

PIT: Abandon Earthen Pit Permit (Form 15) – COGCC Pit Facility ID Number _____ has not been constructed (Permitted and constructed pit requires closure per Rule 905)

CENTRALIZED E&P WASTE MANAGEMENT FACILITY: Abandon Centralized E&P Waste Management Facility Permit (Form 28) – Facility ID Number _____ has not been constructed (Constructed facility requires closure per Rule 908)

OIL & GAS LOCATION ID Number: _____

Abandon Oil & Gas Location Assessment (Form 2A) – Location has not been constructed and site will not be used in the future.

Keep Oil & Gas Location Assessment (Form 2A) active until expiration date. This site will be used in the future.

Surface disturbance from Oil and Gas Operations must be reclaimed per Rule 1003 and Rule 1004.

REQUEST FOR CONFIDENTIAL STATUS

DIGITAL WELL LOG UPLOAD

DOCUMENTS SUBMITTED Purpose of Submission: _____

RECLAMATION

INTERIM RECLAMATION

Interim Reclamation will commence approximately _____

Per Rule 1003.e.(3) operator shall submit Sundry Notice reporting interim reclamation is complete and site is ready for inspection when vegetation reaches 80% coverage.

Interim reclamation complete, site ready for inspection.

Per Rule 1003.e(3) describe interim reclamation procedure in Comments below or provide as an attachment and attach required location photographs.

Field inspection will be conducted to document Rule 1003.e. compliance

FINAL RECLAMATION

Final Reclamation will commence approximately _____

Per Rule 1004.c.(4) operator shall submit Sundry Notice reporting final reclamation is complete and site is ready for inspection when vegetation reaches 80% coverage.

Final reclamation complete, site ready for inspection. Per Rule 1004.c(4) describe final reclamation procedure in Comments below or provide as an attachment.

Field inspection will be conducted to document Rule 1004.c. compliance

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 _____

REPORT OF WORK DONE Date Work Completed 08/11/2020

| | | |
|--|---|--|
| <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 checked="" type="checkbox"/> Other <u>Bradenhead Mitigation</u> | <input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases | |

COMMENTS:

After a Form 17 bradenhead test, Crestone completed several blowdowns per Form 4 sundry. Crestone then tied the bradenhead gas into the fuel gas system on 3/5/20 in consultation with the COGCC engineering staff. The attached chart shows the bradenhead pressure. A follow-up Form 17 bradenhead test was completed that shows a lower bradenhead pressure than the initial test. Crestone is opening the bradenhead gas back to the fuel gas system per the previous mitigation plan. Crestone will conduct annual testing going forward.

17: ee93b020-71af-48e4-9c4c-c9e4d0d77893 Bradenhead test date 12/12/2019 had 150 psig and had continuous flow during the test.
4: 402302993
17: 402468800 – 8/11/20 - SCP = 88, TP/CP = 122/236

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

| <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: Lindsey Organ
Title: Regulatory Coordinator Email: lindsey.organ@crestonepr.com Date: 8/21/2020

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

COGCC Approved: Jacobson, Eric Date: 1/4/2021

CONDITIONS OF APPROVAL, IF ANY -

| <u>COA Type</u> | <u>Description</u> |
|-----------------|---|
| | <ol style="list-style-type: none">1. Operator shall implement measures to control venting, to protect health and safety, and to ensure that vapors and odors from well operations do not constitute a nuisance or hazard to public welfare.2. Bradenhead gas is not to be vented to the atmosphere; any gas from the Bradenhead will be routed to the specified abatement system. Shut in bradenhead pressure shall not exceed 50 psig. Operator shall implement measures to get an estimate of the gas flow rate and/or volume from the bradenhead.3. Within thirty days of 8/11/2021, submit a Form 4 Sundry that summarizes current well condition. The sundry should include details of the future plans, sample analysis interpretation, bradenhead test description, and the flow rate information and pressure data.4. Shut well in for at least seven days to monitor build up pressures then conduct a new bradenhead test and submit the Form 17 within ten days of the test.5. If a sample has not been collected from surface casing within the last twelve months collect bradenhead gas samples for laboratory analysis. Sampling shall comply with Operator Guidance - Bradenhead Testing and Reporting Instructions, Appendix A: Liquid and Gas Sampling. Copies of all final laboratory analytical results shall be provided to the COGCC within three months of collecting the samples. |

General Comments

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

Total: 0 comment(s)

Attachment List

| <u>Att Doc Num</u> | <u>Name</u> |
|--------------------|------------------------------|
| 402471726 | SUNDRY NOTICE APPROVED-OTHER |
| 402471727 | OTHER |
| 402564976 | FORM 4 SUBMITTED |

Total Attach: 3 Files