

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
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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: 10651 Contact Name Allison Schieber
Name of Operator: VERDAD RESOURCES LLC Phone: (720) 845-6909
Address: 1125 17TH STREET SUITE 550 Fax: ()
City: DENVER State: CO Zip: 80202 Email: regulatory@verdadoil.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 123 48997 00 OGCC Facility ID Number: 459728
Well/Facility Name: SONIC STAR Well/Facility Number: 1101-09H
Location QtrQtr: SESE Section: 11 Township: 8N Range: 60W Meridian: 6
County: WELD Field Name: WILDCAT
Federal, Indian or State Lease Number: COC-71628

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 40.670835 GPS Quality Value: 1.5 Type of GPS Quality Value: PDOP Measurement Date: 02/24/2018
Longitude -104.049106

LOCATION CHANGE (all measurements in Feet)

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

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

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

Current **Surface** Location **From** QtrQtr SESE Sec 11

New **Surface** Location **To** QtrQtr SESE Sec 11

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 12

New **Top of Productive Zone** Location **To** Sec 12

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

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

Current **Bottomhole** Location Sec 1 Twp 8N

New **Bottomhole** Location Sec 1 Twp 8N

Is location in High Density Area? No

Distance, in feet, to nearest building 3812, public road: 894, above ground utility: 4873, railroad: 5280,

property line: 230, lease line: 0, well in same formation: 183

Ground Elevation 4881 feet Surface owner consultation date 10/04/2013

FNL/FSL		FEL/FWL	
<u>363</u>	<u>FSL</u>	<u>230</u>	<u>FEL</u>
<u>363</u>	<u>FSL</u>	<u>200</u>	<u>FEL</u>
Twp <u>8N</u>	Range <u>60W</u>	Meridian <u>6</u>	
Twp <u>8N</u>	Range <u>60W</u>	Meridian <u>6</u>	
<u>300</u>	<u>FSL</u>	<u>2494</u>	<u>FEL</u>
<u>300</u>	<u>FSL</u>	<u>2323</u>	<u>FEL</u>
Twp <u>8N</u>	Range <u>60W</u>		
Twp <u>8N</u>	Range <u>60W</u>		
<u>2694</u>	<u>FSL</u>	<u>2499</u>	<u>FEL</u>
<u>2715</u>	<u>FNL</u>	<u>2329</u>	<u>FEL</u>

**

**

** attach deviated drilling plan

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>
NIOBRARA	NBRR	535-785	1920	8N60WSEC1,12,36 ALL

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 SONIC STAR Number 1101-09H 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: Verdad would like to change the SHL, TPZ, and BHL location of this well.

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 01/11/2021

☐ 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 checked="" 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"/> Bradenhead Plan | <input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases | |
| <input type="checkbox"/> Other _____ | | |

COMMENTS:

Verdad would like to change the SHL, TPZ, and BHL location of this well.

CASING PROGRAM

<u>Casing Type</u>	<u>Size of Hole</u>	<u>Size of Casing</u>	<u>Grade</u>	<u>Wt/Ft</u>	<u>Csg/Liner Top</u>	<u>Setting Depth</u>	<u>Sacks Cmt</u>	<u>Cmt Btm</u>	<u>Cmt Top</u>
CONDUCTOR	24	16	ASTM 53-B	65	0	80	70	80	0
SURF	13+1/2	9+5/8	J-55	36	0	1540	418	1540	0
1ST	8+1/2	5+1/2	P-110	20	0	15184	1937	15184	0

POTENTIAL FLOW AND CONFINING FORMATIONS

<u>Zone Type</u>	<u>Formation /Hazard</u>	<u>Top M.D.</u>	<u>Top T.V.D.</u>	<u>Bottom M.D.</u>	<u>Bottom T.V.D.</u>	<u>TDS (mg/L)</u>	<u>Data Source</u>	<u>Comment</u>
Groundwater	Fox Hills	0	0	450	450	0-500	USGS	
Confining Layer	Pierre Shale	511	511	927	921			
Groundwater	Upper Pierre Shale	927	921	1560	1516	1001-10000	Other	COGCC Project 2141 published study on the Upper Pierre Aquifer.PPT 01 29 18 Hearing.
Confining Layer	Pierre Shale	1560	1516	3527	3289			
Hydrocarbon	Pierre Shale Larimer	3527	3289	4063	3772			
Hydrocarbon	Pierre Shale Terry	4063	3772	4445	4116			
Confining Layer	Pierre Shale	4445	4116	6521	5701			
Hydrocarbon	Sharon Springs	6521	5701	6613	5770			
Hydrocarbon	Niobrara	6613	5770	15184	6200			

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:

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Best Management Practices**No BMP/COA Type****Description**

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Operator Comments:

Verdad would like to change the SHL, TPZ, and BHL location of this well.

The nearest well in the same formation is the Boomslang Fed 8-60 14A-13-18-1 API 123-46658 operated by Bison Oil and Gas XX Status, measured in 3D using the anti-Collision report (Please find attached as other).

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

Signed: _____ Print Name: Allison Schieber

Title: Sr. Regulatory Analyst Email: regulatory@verdadoil.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:**COA Type****Description**

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General Comments**User Group****Comment****Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)

Attachment Check List**Att Doc Num****Name**

402569268	WELL LOCATION PLAT
402569269	DEVIATED DRILLING PLAN
402569271	OTHER
402569275	DIRECTIONAL DATA

Total Attach: 4 Files