

State of Colorado
Oil and Gas Conservation Commission

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



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Document Number: 402603032			
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: 96850 Contact Name Vicki Schoeber
Name of Operator: TEP ROCKY MOUNTAIN LLC Phone: (970) 263-2721
Address: PO BOX 370 Fax: ()
City: PARACHUTE State: CO Zip: 81635 Email: vschoeber@terraep.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 103 12473 00 OGCC Facility ID Number: 478390
Well/Facility Name: FEDERAL Well/Facility Number: RG 542-18-297
Location QtrQtr: NWNE Section: 18 Township: 2S Range: 97W Meridian: 6
County: RIO BLANCO Field Name: SULPHUR CREEK
Federal, Indian or State Lease Number: COC0003453

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 NWNE Sec 18

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 18

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 18 Twp 2S

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	
<u>677</u>	<u>FNL</u>	<u>2112</u>	<u>FEL</u>
<u></u>	<u></u>	<u></u>	<u></u>
Twp <u>2S</u>	Range <u>97W</u>	Meridian <u>6</u>	
Twp <u></u>	Range <u></u>	Meridian <u></u>	
<u>2105</u>	<u>FNL</u>	<u>708</u>	<u>FEL</u>
<u></u>	<u></u>	<u></u>	<u></u>
Twp <u>2S</u>	Range <u>97W</u>		
Twp <u></u>	Range <u></u>		
<u>2105</u>	<u>FNL</u>	<u>708</u>	<u>FEL</u>
<u></u>	<u></u>	<u></u>	<u></u>
Twp <u>2S</u>	Range <u>97W</u>		
Twp <u></u>	Range <u></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>

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 FEDERAL Number RG 542-18-297 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 03/10/2021

☐ 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:

TEP Rocky Mountain LLC (TEP) requests a design change to the Federal RG 542-18-297 wellbore. TEP's proposal with respect to well design, encompasses drilling a 17-1/2" surface section to approximately 1421' and running 13-3/8" surface casing to ~200 ft above the dissolution loss zone. This would enable TEP to set this surface casing and establish effective cement returns to surface avoiding further doubt of cement integrity and remedial operations. That would provide a competent surface shoe in place as well as the option to nipple up the BOP for a secure air drilled intermediate section through the highly fractured dissolution zone. The 12-1/4" intermediate section would be drilled to the original permitted depth at approximately 3250' (500' into Wasatch) followed by running 9-5/8" 36# J-55 intermediate casing - functioning as a fracture gradient isolation contingency string. The purpose of cement for the 9-5/8" intermediate contingency string is to provide sufficient drilling mud weight at TD for the following production section and TOC is planned to be 500 ft above the Wasatch formation and utilizing 50% excess with a single stage slurry.

Hole design:

Surface hole size 17.5" to ~1421' MD and approx. 200' above Dissolution Surface.

Surface casing – 13.375", J-55, BTC, 54.5#

Intermediate hole size – 12.25" to TD 500' into the Wasatch same as permitted.

Intermediate casing – 9.625", J-55, LTC, 36# is the same specs as permitted.

Cement design:

Surface Casing – 12.3# Single stage slurry with 40% excess

Intermediate – Single stage slurry

12.3# Lead with TOC ~500' MD above the Wasatch with 50% excess.

12.8# Tail from TD to 500' above float shoe.

Note: Directional plans are on file and have not changed. The Blow Out Preventer (BOP) will be changed out from an 11" 5K to a 13 5/8" 5K BOP.

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	30	20	X-65	78.67	0	84	199	84	0
SURF	17+1/2	13+3/8	J-55	54.5	0	1421	464	1421	0
1ST	12+1/4	9+5/8	J-55	36	0	3250	154	3250	2250
2ND	8+3/4	4+1/2	P-110	11.6	0	12116	970	12116	6731

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	Uinta	0	0	931	921	1001-10000	Other	Division of Reclamation, Mining and Safety Study
Groundwater	Green River	931	921	1098	1081	501-1000	Other	Division of Reclamation, Mining and Safety Study
Groundwater	A Groove	1098	1081	1291	1266	501-1000	Other	Division of Reclamation, Mining and Safety Study
Groundwater	B Groove	1291	1266	1621	1581	501-1000	Other	Division of Reclamation, Mining and Safety Study
Subsurface Hazard	Dissolution Surface	1621	1581	2535	2456			Lost Circulation Zone
Subsurface Hazard	Orange Marker	2535	2456	2750	2661			Lost Circulation Zone
Confining Layer	Wasatch	2750	2661	5216	5021			
Subsurface Hazard	Top of G Sand	5216	5021	5561	5351			Lost Circulation Zone
Hydrocarbon	Fort Union	5561	5351	6931	6661			
Subsurface Hazard	Ohio Creek	6931	6661	6931	6661			Lost Circulation Zone
Hydrocarbon	Mesaverde	6931	6661	8036	7751			
Hydrocarbon	Approx Top Gas	8036	7751	10386	10101			
Hydrocarbon	Cameo coals	10386	10101	10966	10681			
Hydrocarbon	Rollins SS	10966	10681	11116	10831			
Hydrocarbon	Cozzette	11116	10831	11336	11051			
Hydrocarbon	Corcoran	11336	11051	11696	11411			
Hydrocarbon	Upper Sego	11696	11411	11996	11711			
Hydrocarbon	Lower Sego	11996	11711	12116	11831			

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: Vicki Schoeber
Title: Regulatory Specialist Email: vschoeber@terraep.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

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)

Attachment List

Att Doc Num	Name
402606638	OTHER
402608183	OTHER

Total Attach: 2 Files