

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: 402626459			
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- 045 16005 00 OGCC Facility ID Number: 296408
 Well/Facility Name: HILTON Well/Facility Number: 16-312D
 Location QtrQtr: SESW Section: 16 Township: 6S Range: 91W Meridian: 6
 County: GARFIELD Field Name: KOKOPELLI
 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 _____

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 Sec Twp Range Meridian
 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 _____

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 03/18/2021

REPORT OF WORK DONE Date Work Completed _____

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

COMMENTS:

TEP Rock Mountain LLC (TEP) requests permission to tie the bradenhead into the separator downstream of the choke on the Hilton 16-312D well. A diagram for plumbing the bradenhead into the separator is attached. This well is located within the Mamm Creek Bradenhead Monitoring Area with a threshold pressure of 150 psi. The bradenhead will currently build to 283 psi if left shutin. This will allow the bradenhead pressure to equalize with our separator/line pressure which is currently ~90 psi and protect the integrity of the surface shoe.

- Surface Casing – 9-5/8” 36.0# set at 1,059’
- Production Casing – 4-1/2” 11.6# set at 8,838’
- Spud Date: 6/3/2008
- Completion Date: 7/11/2008
- TOC – 3,610’
- Top of Williams Fork – 4,791’
- Completion – 5,188’- 7,776’

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:

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: 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:

<u>COA Type</u>	<u>Description</u>

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>
402632498	OTHER

Total Attach: 1 Files