

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: 402681352			
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 Heather Mitchell
Name of Operator: VERDAD RESOURCES LLC Phone: (720) 845-6917
Address: 1125 17TH STREET SUITE 550 Fax: ()
City: DENVER State: CO Zip: 80202 Email: Regulatory@verdadresources.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 123 51176 00 OGCC Facility ID Number: 477677
Well/Facility Name: County Line Well/Facility Number: 3130-06H
Location QtrQtr: SWSE Section: 31 Township: 1N Range: 65W Meridian: 6
County: WELD Field Name: WATTENBERG
Federal, Indian or State Lease Number:

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 40.001457 GPS Quality Value: 1.5 Type of GPS Quality Value: PDOP Measurement Date: 07/10/2018
Longitude -104.703396

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 SWSE Sec 31

New **Surface** Location **To** QtrQtr SWSE Sec 31

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 31

New **Top of Productive Zone** Location **To** Sec 31

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

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

Current **Bottomhole** Location Sec 30 Twp 1N

New **Bottomhole** Location Sec 30 Twp 1N

Is location in High Density Area? No

Distance, in feet, to nearest building 845, public road: 324, above ground utility: 728, railroad: 1714,

property line: 340, lease line: 0, well in same formation: 389

Ground Elevation 5045 feet Surface owner consultation date 05/13/2021

FNL/FSL		FEL/FWL	
<u>340</u>	<u>FSL</u>	<u>1700</u>	<u>FEL</u>
<u>340</u>	<u>FSL</u>	<u>1715</u>	<u>FEL</u>
Twp <u>1N</u>	Range <u>65W</u>	Meridian <u>6</u>	
Twp <u>1N</u>	Range <u>65W</u>	Meridian <u>6</u>	
<u>460</u>	<u>FSL</u>	<u>480</u>	<u>FEL</u>
<u>460</u>	<u>FSL</u>	<u>480</u>	<u>FEL</u> **
Twp <u>1N</u>	Range <u>65W</u>		
Twp <u>1N</u>	Range <u>65W</u>		
<u>460</u>	<u>FNL</u>	<u>480</u>	<u>FEL</u>
<u>370</u>	<u>FNL</u>	<u>480</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>

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 COUNTY LINE Number 3130-06H 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: Shift wellbore and extend lateral length

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 05/12/2021

☐ 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:

Revise casing plan with wellbore shift

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	ASTM53	65	0	80	70	80	0
SURF	13+1/2	9+5/8	J55	36	0	2333	634	2333	0
1ST	8+1/2	5+1/2	HCP110	20	0	17367	2178	17367	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	Denver	24	24	998	990	501-1000	USGS	USGS-400012104431601, USGS-395958104433101
Groundwater	Fox Hills	998	990	1289	1275	501-1000	USGS	USGS-400138104404301
Confining Layer	Pierre	1289	1275	1767	1743			
Groundwater	Upper Pierre Porosity	1767	1743	2282	2247	1001-10000	Other	No data available
Confining Layer	Pierre	2282	2247	4459	4379			
Hydrocarbon	Parkman	4459	4379	4720	4634			
Confining Layer	Pierre	4720	4634	4778	4691			
Hydrocarbon	Sussex	4778	4691	5033	4941			
Confining Layer	Pierre	5033	4941	7455	7076			
Hydrocarbon	Sharon Springs	7455	7076	7589	7090			
Hydrocarbon	Niobrara	7589	7090	17367	7090			

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 is requesting to shift the wellbore and extend the lateral length to maximize the productive interval. The nearest well in the same formation is the Countyline 3130-05H and is measured in 2D. Verdad is the surface owner, the consultation date is the same as the submit date.
This well has a bottom-hole location beyond the unit boundary setback. The bottom of the completed interval will be within the unit boundary setback at 460 FNL and 480' FEL of Section 30. The wellbore beyond the unit boundary setback will be physically isolated and will not be completed.

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

Signed: _____ Print Name: Heather Mitchell

Title: Regulatory Manager Email: Regulatory@verdadresources.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 List

Att Doc Num

Name

402685321	WELL LOCATION PLAT
402685322	DEVIATED DRILLING PLAN
402685324	DIRECTIONAL DATA

Total Attach: 3 Files