

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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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 12109 00 OGCC Facility ID Number: 284211
 Well/Facility Name: FEDERAL Well/Facility Number: RWF 311-16
 Location QtrQtr: SWSW Section: 9 Township: 6S Range: 94W Meridian: 6
 County: GARFIELD Field Name: RULISON
 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:

	FNL/FSL		FEL/FWL
639	FSL	612	FWL

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

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Current **Surface** Location **From** QtrQtr SWSW Sec 9

Twp <u>6S</u>	Range <u>94W</u>	Meridian <u>6</u>
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New **Surface** Location **To** QtrQtr _____ Sec _____

Twp _____	Range _____	Meridian _____
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Change of **Top of Productive Zone** Footage **From** Exterior Section Lines:

152	FNL	578	FWL
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Change of **Top of Productive Zone** Footage **To** Exterior Section Lines:

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Current **Top of Productive Zone** Location **From** Sec 16

Twp <u>6S</u>	Range <u>94W</u>
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New **Top of Productive Zone** Location **To** Sec _____

Twp _____	Range _____
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Change of **Bottomhole** Footage **From** Exterior Section Lines:

152	FNL	578	FWL
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Change of **Bottomhole** Footage **To** Exterior Section Lines:

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Current **Bottomhole** Location Sec 16 Twp 6S Range 94W

** 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 06/09/2021

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 type="checkbox"/> Change Drilling Plan | <input checked="" 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) respectfully requests approval to find and repair a leak in the production casing of the Federal RWF 311-16 well per the following proposed procedure:

1. MIRU, kill well.
2. ND production head and NU 5K BOP.
3. Pressure test blind rams to 400 psi Low / 4,000 psi High for 5 minutes
4. Pressure test pipe rams to 400 psi Low / 4,000 psi High for 5 minutes
5. Unland tubing.
6. Strip off hanger. Strip in rubber.
7. RIH to tag for fill.
8. POOH while scanning tubing, lay down bad joints.
9. Kill casing.
10. RU w/ TSBP BHA. RIH and set TSBP @ ~1000'. Test Production casing for leak. Once leak or part is found determine new course of action.
11. If production casing leak. Dig out around wellhead. N/D BOP's. Remove casing head. Pull casing stump if casing parted at surface.
12. RIH w/ 7-3/4" overshot with 4-1/2" grapple. RIH and latch on top of casing. Pull test.
13. MIRU Wireline. RIH in 1-11/16" stringshot. Set in in collar two joints below damage joint.
14. Perform backoff. POOH and L/D joints.
15. RIH w/ new joints. Screw into casing. Torque to 2800 ft/lbs. Pull test to 80K. Pressure test to 1000 psi for 15 mins.
16. Pull to 78k and set casing slips. Cut off casing stump. Install Tubing Head.
17. NU BOP's. Test same as step 3 & 4.
18. Run tubing in the hole w/ TSBP retrieving head. Latch onto TSBP, unset and TOOH
19. Dump 5 gal of Multichem's MX 6-2502 Corrosion Inhibitor down the casing.
20. RIH with NC, Standard Profile Nipple 1.78" and tubing while hydrotesting, lay down bad joints.
21. Land tubing at ±8,401' (93%).
22. Strip off BOP and NU wellhead.
23. Return well to production.

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

Operator Comments:

[Empty box for 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: 6/4/2021

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

COGCC Approved: Katz, Aaron Date: 6/9/2021

CONDITIONS OF APPROVAL, IF ANY:

Condition of Approval

COA Type

Description

1 COA	1) Report work completed with a Form 4 Sundry REPORT OF WORK DONE - Repair Well noting final pressure test results. 2) If wellbore geometry changes or cement work is executed, submit information on a Form 5 3) If a casing leak is identified, contact area engineer with repair plans.
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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>
402709016	SUNDRY NOTICE APPROVED-REPAIR
402712553	FORM 4 SUBMITTED

Total Attach: 2 Files