

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: 402721058			
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: 10456 Contact Name Reed Haddock
 Name of Operator: CAERUS PICEANCE LLC Phone: (720) 880-6369
 Address: 1001 17TH STREET #1600 Fax: (303) 565-4606
 City: DENVER State: CO Zip: 80202 Email: rhaddock@caerusoilandgas.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 045 24336 00 OGCC Facility ID Number: 476654
 Well/Facility Name: BJU G35 FED Well/Facility Number: 13B-35-496
 Location QtrQtr: SWNE Section: 35 Township: 4S Range: 96W Meridian: 6
 County: GARFIELD Field Name: GRAND VALLEY
 Federal, Indian or State Lease Number: COC061138

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 39.660627 GPS Quality Value: 1.6 Type of GPS Quality Value: PDOP Measurement Date: 06/14/2021
 Longitude -108.134919

LOCATION CHANGE (all measurements in Feet)

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

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

FNL/FSL		FEL/FWL	
<u>2035</u>	<u>FNL</u>	<u>2310</u>	<u>FEL</u>

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

<u>1983</u>	<u>FNL</u>	<u>2353</u>	<u>FEL</u>
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Current **Surface** Location **From** QtrQtr SWNE Sec 35

Twp <u>4S</u>	Range <u>96W</u>	Meridian <u>6</u>
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New **Surface** Location **To** QtrQtr SWNE Sec 35

Twp <u>4S</u>	Range <u>96W</u>	Meridian <u>6</u>
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Change of **Top of Productive Zone** Footage **From** Exterior Section Lines:

<u>2295</u>	<u>FNL</u>	<u>913</u>	<u>FWL</u>
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Change of **Top of Productive Zone** Footage **To** Exterior Section Lines:

<u>2073</u>	<u>FNL</u>	<u>843</u>	<u>FWL</u>	**
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Current **Top of Productive Zone** Location **From** Sec 35

Twp <u>4S</u>	Range <u>96W</u>
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New **Top of Productive Zone** Location **To** Sec 35

Twp <u>4S</u>	Range <u>96W</u>
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Change of **Bottomhole** Footage **From** Exterior Section Lines:

<u>2328</u>	<u>FNL</u>	<u>819</u>	<u>FWL</u>
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Change of **Bottomhole** Footage **To** Exterior Section Lines:

<u>2107</u>	<u>FNL</u>	<u>749</u>	<u>FWL</u>	**
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Current **Bottomhole** Location Sec 35 Twp 4S Range 96W

** attach deviated drilling plan

New **Bottomhole** Location Sec 35 Twp 4S Range 96W

Is location in High Density Area? No

Distance, in feet, to nearest building 5280, public road: 2555, above ground utility: 5280, railroad: 5280,

property line: 3299, lease line: 533, well in same formation: 450

Ground Elevation 8166 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 12/01/2021

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:

The directional plan and data have been revised along with the cement and casing design. Attached find a revised directional survey, revised excel data spreadsheet and revised Location Survey Plat. The revised TD is 11,900' MD.

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	A252	54#	0	100	218	100	0
SURF	14+3/4	9+5/8	J55	36#	0	3000	710	3000	0
1ST	8+3/4	4+1/2	HCP110	11.6#	0	11900	1465	11900	3000

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	Green River	0	0	2300	2233	501-1000	CGS	
Confining Layer	Wasatch	2601	2520	5700	5482			
Hydrocarbon	Wasatch G	5739	5520	6000	5769			The Wasatch G is a non-productive zone in the referenced area in basin.
Confining Layer	Ft. Union	6036	5803	7500	7203			
Hydrocarbon	Ohio Creek	8120	7812	8300	7992	>10000	Produced Water Sample	
Hydrocarbon	Williams Fork	8369	8061	11100	10791	>10000	Produced Water Sample	
Hydrocarbon	Cameo	11104	10795	11700	11391	>10000	Produced Water Sample	
Hydrocarbon	Rollins	11700	11391	11900	11591	>10000	Produced Water Sample	

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:

<u>Best Management Practices</u>	
<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: Reed Haddock

Title: Regulatory Lead Email: rhaddock@caerusoilandgas.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>
402721065	DEVIATED DRILLING PLAN
402721066	WELL LOCATION PLAT
402721981	DIRECTIONAL DATA

Total Attach: 3 Files