

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: <b>402724016</b>			
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

  

API Number : 05- 045 24347 00	OGCC Facility ID Number: 476665
Well/Facility Name: BJU G35 FED	Well/Facility Number: 23D-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: COC069557	

Complete the Attachment  
Checklist

OP OGCC

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 39.660609 GPS Quality Value: 1.6 Type of GPS Quality Value: PDOP Measurement Date: 06/14/2021  
Longitude -108.134947

**LOCATION CHANGE (all measurements in Feet)**

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

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

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

Current **Surface** Location **From** QtrQtr SWNE Sec 35

New **Surface** Location **To** QtrQtr SWNE Sec 35

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 35

New **Top of Productive Zone** Location **To** Sec 35

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

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

Current **Bottomhole** Location Sec 35 Twp 4S

New **Bottomhole** Location Sec 35 Twp 4S

Is location in High Density Area? No

Distance, in feet, to nearest building 5280, public road: 2558, above ground utility: 5280, railroad: 5280,

property line: 3287, lease line: 567, well in same formation: 245

Ground Elevation 8166 feet Surface owner consultation date

FNL/FSL		FEL/FWL	
2047	FNL	2313	FEL
1989	FNL	2361	FEL
Twp 4S	Range 96W	Meridian 6	
Twp 4S	Range 96W	Meridian 6	
1940	FSL	2339	FEL
2050	FSL	2337	FEL
Twp 4S	Range 96W		
Twp 4S	Range 96W		
1907	FSL	2433	FEL
2017	FSL	2431	FEL
Range 96W			
Range 96W			

\*\*

\*\*

\*\* 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 BJU G35 FED Number 23D-35-496 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    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 11,752' 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	11752	1465	11752	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	1800	1780	501-1000	CGS	
Confining Layer	Wasatch	2562	2530	5600	5521			
Hydrocarbon	Wasatch G	5609	5530	5800	5718			The Wasatch G is a non-productive zone in the referenced area of the basin.
Confining Layer	Ft. Union	5887	5803	7900	7787			
Hydrocarbon	Ohio Creek	7984	7871	8200	8087	>10000	Produced Water Sample	
Hydrocarbon	Williams Fork	8226	8113	10900	10786	>10000	Produced Water Sample	
Hydrocarbon	Cameo	10972	10858	11500	11386	>10000	Produced Water Sample	
Hydrocarbon	Rollins	11552	11438	11752	11638	>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:

## 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: 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:

**COA Type**

**Description**

--	--

### General Comments

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
--	--	---------------------

Total: 0 comment(s)

### Attachment List

**Att Doc Num**

**Name**

402724020	DEVIATED DRILLING PLAN
402724021	DIRECTIONAL DATA
402724024	WELL LOCATION PLAT

Total Attach: 3 Files