

# State of Colorado Oil and Gas Conservation Commission

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DE	ET	OE	ES
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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- 103 12385 00 OGCC Facility ID Number: 467516  
 Well/Facility Name: ELU J14 FED Well/Facility Number: 13D-14-496  
 Location QtrQtr: NESW Section: 14 Township: 4S Range: 96W Meridian: 6  
 County: RIO BLANCO Field Name: GRAND VALLEY  
 Federal, Indian or State Lease Number: COC057684

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 39.700789 GPS Quality Value: 1.5 Type of GPS Quality Value: PDOP Measurement Date: 01/20/2021  
 Longitude -108.136565

### 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 NESW Sec 14

New **Surface** Location **To** QtrQtr NESW Sec 14

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 14

New **Top of Productive Zone** Location **To** Sec 14

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

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

Current **Bottomhole** Location Sec 14 Twp 4S

New **Bottomhole** Location Sec 14 Twp 4S

Is location in High Density Area? No

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

property line: 677, lease line: 2556, well in same formation: 270

Ground Elevation 7902 feet Surface owner consultation date \_\_\_\_\_

FNL/FSL		FEL/FWL	
1991	FSL	2421	FWL
1991	FSL	2421	FWL
Twp <u>4S</u>	Range <u>96W</u>	Meridian <u>6</u>	
Twp <u>4S</u>	Range <u>96W</u>	Meridian <u>6</u>	
2404	FSL	1314	FWL
2586	FSL	750	FWL
Twp <u>4S</u>	Range <u>96W</u>		
Twp <u>4S</u>	Range <u>96W</u>		
2378	FSL	1269	FWL
2556	FSL	667	FWL
Range <u>96W</u>			
Range <u>96W</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 ELU J14 FED Number 13D-14-496 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    08/30/2021

☐ 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:**

Caerus Piceance LLC revised the proposed TD of wellbore. Attached find a revised directional plan and data. The revised TD is 12,300' MD. The proposed production casing and cement is revised. Attached find the as-built location survey plat showing both the SHL and the revised TOG and BHL.

**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	994	3000	0
1ST	8+3/4	4+1/2	HCP110	11.6#	0	12300	1565	12300	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	1767	501-1000	CGS	
Confining Layer	Wasatch	3304	3232	5700	5568			
Hydrocarbon	Wasatch G	5766	5632	6400	6250			The Wasatch G is a non-productive zone in the referenced area of the basin.
Confining Layer	Ft. Union	6411	6260	8300	8107			
Hydrocarbon	Ohio Creek	8369	8176	8700	8507	>10000	Produced Water Sample	
Hydrocarbon	Williams Fork	8750	8557	11200	11006	>10000	Produced Water Sample	
Hydrocarbon	Cameo	11265	11071	12100	11906	>10000	Produced Water Sample	
Hydrocarbon	Rollins	12100	11906	12300	12106	>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:

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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**

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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**

402745767	WELL LOCATION PLAT
402745769	DEVIATED DRILLING PLAN
402745770	DIRECTIONAL DATA

Total Attach: 3 Files