

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
----	----	----	----

Submit By Other Operator

Document Number:
402784099

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: 10758 Contact Name Edie Fitzgerald
 Name of Operator: OGRIS OPERATING LLC Phone: (719) 859-1394
 Address: PO BOX 53467 Fax: (719) 845-0108
 City: MIDLAND State: TX Zip: 79710 Email: efitzgerald@ogrisop.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 071 09558 00 OGCC Facility ID Number: 295519
 Well/Facility Name: HILL RANCH Well/Facility Number: 01-14
 Location QtrQtr: SESW Section: 1 Township: 35S Range: 68W Meridian: 6
 County: LAS ANIMAS Field Name: PURGATOIRE RIVER
 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 _____ GPS Quality Value: _____ Type of GPS Quality Value: _____ Measurement Date: _____
 Longitude _____

LOCATION CHANGE (all measurements in Feet)

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

			FNL/FSL		FEL/FWL	
Change of Surface Footage From Exterior Section Lines:			934	FSL	1960	FWL
Change of Surface Footage To Exterior Section Lines:						
Current Surface Location From QtrQtr <u>SESW</u> Sec <u>1</u>		Twp <u>35S</u>	Range <u>68W</u>	Meridian <u>6</u>		
New Surface Location To QtrQtr _____ Sec _____		Twp _____	Range _____	Meridian _____		
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 _____		Twp _____	Range _____			
New Top of Productive Zone Location To Sec _____		Twp _____	Range _____			
Change of Bottomhole Footage From Exterior Section Lines:						
Change of Bottomhole Footage To Exterior Section Lines:						**
Current Bottomhole Location Sec _____ Twp _____		Range _____				** 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 _____

REPORT OF WORK DONE Date Work Completed 05/21/2021

- | | | |
|--|---|--|
| <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 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 checked="" type="checkbox"/> Other Bradenhead test _____ | | |

COMMENTS:

OGRIS Operating is requesting discontinuance from further Bradenhead testing in accordance with Rule 614.e. Please find the following attachments to satisfy the requirements of this rule:

- Wellbore Diagram
- Cement Jobs by Well
- Casing, Liner and Cement Report
- First Bradenhead Test Dated 05/16/2019
- Second Bradenhead Test Dated 05/21/2021

The Cement Bond Log for this well is on file with the COGCC Document #700063624

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:

<u>Best Management Practices</u>	
<u>No BMP/COA Type</u>	<u>Description</u>

Operator Comments:

Request for discontinuance of further Bradenhead Testing.

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

Signed: _____ Print Name: Edie Fitzgerald

Title: Sr. Environmental Tech. Email: efitzgerald@ogrisop.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>
402784106	CEMENT JOB SUMMARY
402784108	CEMENT JOB SUMMARY
402784109	OTHER
402784110	OTHER
402784112	WELLBORE DIAGRAM

Total Attach: 5 Files