

**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:  
402784139  
  
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 08064 00 OGCC Facility ID Number: 272339  
 Well/Facility Name: HILL RANCH Well/Facility Number: 1-16  
 Location QtrQtr: SESE 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 <b>Surface</b> Footage <b>From</b> Exterior Section Lines:			1028	FSL	922	FEL
Change of <b>Surface</b> Footage <b>To</b> Exterior Section Lines:						
Current <b>Surface</b> Location <b>From</b> QtrQtr <u>SESE</u> Sec <u>1</u>		Twp <u>35S</u>	Range <u>68W</u>	Meridian <u>6</u>		
New <b>Surface</b> Location <b>To</b> QtrQtr _____ Sec _____		Twp _____	Range _____	Meridian _____		
Change of <b>Top of Productive Zone</b> Footage <b>From</b> Exterior Section Lines:						
Change of <b>Top of Productive Zone</b> Footage <b>To</b> Exterior Section Lines:						**
Current <b>Top of Productive Zone</b> Location <b>From</b> Sec _____		Twp _____	Range _____			
New <b>Top of Productive Zone</b> Location <b>To</b> Sec _____		Twp _____	Range _____			
Change of <b>Bottomhole</b> Footage <b>From</b> Exterior Section Lines:						
Change of <b>Bottomhole</b> Footage <b>To</b> Exterior Section Lines:						**
Current <b>Bottomhole</b> Location Sec _____ Twp _____		Range _____				** attach deviated drilling plan
New <b>Bottomhole</b> 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 05/17/2019
- Second Bradenhead Test Dated 05/21/2021

The Cement Bond Log for this well is on file with the COGCC Document #1458432

**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:

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

**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>
402784148	CEMENT JOB SUMMARY
402784149	CEMENT JOB SUMMARY
402784150	OTHER
402784151	OTHER
402784153	WELLBORE DIAGRAM

Total Attach: 5 Files