

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: 402757191			
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: 10071 Contact Name Gabriel Findlay
 Name of Operator: HIGHPOINT OPERATING CORPORATION Phone: (720) 440-6163
 Address: 555 17TH ST STE 3700 Fax: ()
 City: DENVER State: CO Zip: 80202 Email: GFindlay@bonanzacrk.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 123 51295 00 OGCC Facility ID Number: 478362
 Well/Facility Name: Anschutz Equus Farms Well/Facility Number: 4-62-16-6104C
 Location QtrQtr: NESE Section: 21 Township: 4N Range: 62W Meridian: 6
 County: WELD Field Name: WATTENBERG
 Federal, Indian or State Lease Number: 1025.9

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)

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

FNL/FSL		FEL/FWL	
<input type="text" value="2400"/>	<input type="text" value="FSL"/>	<input type="text" value="993"/>	<input type="text" value="FEL"/>

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Current **Surface** Location **From** QtrQtr Sec

Twp Range Meridian

New **Surface** Location **To** QtrQtr Sec

Twp Range Meridian

Change of **Top of Productive Zone** Footage **From** Exterior Section Lines:

<input type="text" value="460"/>	<input type="text" value="FSL"/>	<input type="text" value="2045"/>	<input type="text" value="FWL"/>
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Change of **Top of Productive Zone** Footage **To** Exterior Section Lines:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	**
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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:

<input type="text" value="400"/>	<input type="text" value="FNL"/>	<input type="text" value="2045"/>	<input type="text" value="FWL"/>
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Change of **Bottomhole** Footage **To** Exterior Section Lines:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	**
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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 09/08/2021

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:

This sundry notice is being submitted to revise the following portions of the Drilling Program: Casing/Cement Plan, Drilling Mud Program, and Drilling Waste Management Program. The updates to the casing and cement plan include changing this well to a monobore well with surface and production string only. The updates to the Drilling Mud Program include utilizing both water and oil-based mud to drill out the wellbore, see waste management plan for details. The updates to the Drilling Waste Management Program include changing to a recycle/reuse program for drilling fluids and commercial disposal of drill cuttings, please see the attached waste management plan for details.

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>
SURF	13+1/2	9+5/8	J-55	36	0	1600	511	1600	0
1ST	8+1/2	5+1/2	P-110	20	0	12324	2175	12324	0

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	Alluvium	0	0	79	79	501-1000	USGS	Sample well ~3.6 miles away (USGS DWQ Station SB00406224BDD)
Groundwater	Laramie-Fox Hills	79	79	250	250	501-1000	Groundwater Sample	Sampled well ~2.5 miles away (permit 287415); Sampled by ALS on behalf of BCEI on 6/29/17; TDS 950
Confining Layer	Pierre Shale	250	250	400	400			
Groundwater	Upper Pierre Aquifer (Paw)	400	400	1372	1360	1001-10000	Electric Log Calculation	Nearest well with e-logs ~1.7 miles away (05-123-42738)
Confining Layer	Pierre Shale	1372	1360	3678	3279			
Hydrocarbon	Parkman	3678	3279	3728	3329			
Confining Layer	Pierre Shale	3728	3329	6978	5860			
Subsurface Hazard	Sharon Springs	6978	5860	7191	6009			Sloughing Shales
Hydrocarbon	Niobrara	7191	6009	12324	6366			Did not exit formation, bottom of zone = MD/TVD @ TD of well

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

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Operator Comments:

This sundry notice is being submitted to revise the following portions of the Drilling Program: Casing/Cement Plan, Drilling Mud Program, and Drilling Waste Management Program.

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

Signed: _____ Print Name: Aubrey Noonan

Title: Regulatory Analyst Email: regulatory@bonanzacrk.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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Agency	• Returned to draft 9/1/2021 per operator request.	09/01/2021

Total: 1 comment(s)

Attachment List

<u>Att Doc Num</u>	<u>Name</u>
402788930	WASTE MANAGEMENT PLAN

Total Attach: 1 Files