

**State of Colorado
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



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Submit By Other Operator

Document Number:
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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: 10539 Contact Name Dana Pollack
 Name of Operator: UTAH GAS OP LTD DBA UTAH GAS CORP Phone: (970) 6290308
 Address: 760 HORIZON DRIVE STE 400 Fax: ()
 City: GRAND JUNCTION State: CO Zip: 81506 Email: dpollack@utahgascorp.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 103 08345 00 OGCC Facility ID Number: 230677
 Well/Facility Name: FEDERAL Well/Facility Number: K-26-3-101-S
 Location QtrQtr: NESW Section: 26 Township: 3S Range: 101W Meridian: 6
 County: RIO BLANCO Field Name: CATHEDRAL
 Federal, Indian or State Lease Number: 44638

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:	3324	FNL	1498	FWL	

Change of Surface Footage To Exterior Section Lines:	[]	[]	[]	[]	
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Current Surface Location From	QtrQtr	NESW	Sec	26	Twp	3S	Range	101W	Meridian	6
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New Surface Location To	QtrQtr	[]	Sec	[]	Twp	[]	Range	[]	Meridian	[]
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Change of Top of Productive Zone Footage From Exterior Section Lines:	[]	[]	[]	[]	
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Change of Top of Productive Zone Footage To Exterior Section Lines:	[]	[]	[]	[]	**
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Current Top of Productive Zone Location From	Sec	[]	Twp	[]	Range	[]
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New Top of Productive Zone Location To	Sec	[]	Twp	[]	Range	[]
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Change of Bottomhole Footage From Exterior Section Lines:	[]	[]	[]	[]	
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Change of Bottomhole Footage To Exterior Section Lines:	[]	[]	[]	[]	**
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Current Bottomhole Location	Sec	[]	Twp	[]	Range	[]	** attach deviated drilling plan
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New Bottomhole Location	Sec	[]	Twp	[]	Range	[]
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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:

Utah Gas Corp will be initiating final reclamation on or close to the above date. Although a notice to initiate reclamation field work is not required by COGCC regulations, the final reclamation plan that has been submitted to the landowner (fee surface) or the BLM (Federal surface) is attached as a courtesy notification. In those instances where contaminants exceeding Table 915-1 thresholds were identified during the site investigation under Rules 911 (Closure of Oil and Gas Facilities) and 913 (Site Investigation reclamation is addressed in the Form 27 submitted to the COGCC.

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 _____

- Intent to Recomplete (Form 2 also required)
- Request to Vent or Flare
- E&P Waste Mangement Plan
- Change Drilling Plan
- Repair Well
- Beneficial Reuse of E&P Waste
- Gross Interval Change
- Rule 502 variance requested. Must provide detailed info regarding request.
- Bradenhead Plan
- Status Update/Change of Remediation Plans for Spills and Releases
- Other _____

COMMENTS:

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.):

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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:

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Best Management Practices

No BMP/COA Type

Description

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Operator Comments:

Thank you!

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

Signed: _____ Print Name: April Mestas

Title: Regulatory Manager Email: amestas@utahgascorp.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

402819028	OTHER
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Total Attach: 1 Files