

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: 402766831			
Date Received: 10/14/2021			

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: 96850 Contact Name Vicki Schoeber
Name of Operator: TEP ROCKY MOUNTAIN LLC Phone: (970) 263-2721
Address: PO BOX 370 Fax: ()
City: PARACHUTE State: CO Zip: 81635 Email: vschoeber@terraep.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 045 07064 00 OGCC Facility ID Number: 211305
Well/Facility Name: ESTATE OF CLAUDE B HAMILL Well/Facility Number: RMV-28-27
Location QtrQtr: SWSE Section: 27 Township: 6S Range: 94W Meridian: 6
County: GARFIELD Field Name: RULISON
Federal, Indian or State Lease Number: 13351

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:

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

Current **Surface** Location **From** QtrQtr SWSE Sec 27

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

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

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

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

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

Current **Bottomhole** Location Sec Twp

New **Bottomhole** Location Sec Twp

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

FNL/FSL		FEL/FWL	
<u>403</u>	<u>FSL</u>	<u>2166</u>	<u>FEL</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
Twp <u>6S</u>	Range <u>94W</u>	Meridian <u>6</u>	
Twp <u> </u>	Range <u> </u>	Meridian <u> </u>	
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
Twp <u> </u>	Range <u> </u>		
Twp <u> </u>	Range <u> </u>		
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

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** 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 ESTATE OF CLAUDE B HAMILL Number RMV-28-27 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 10/14/2021

☐ 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 Management Plan |
| <input type="checkbox"/> Change Drilling Plan | <input checked="" 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:

TEP Rocky Mountain LLC (TEP) is requesting approval to find and repair a leak in the production casing of the RMV-28-27 well per the following proposed procedure. This is notification of Subsequent Well Operations with heavy equipment per Rule 312 since this form does not have the Rule 312 check box.

1. MIRU, kill well.
2. ND production head and NU 5K BOP.
3. Pressure test blind rams to 400 psi Low / 4,000 psi High for 5 minutes
4. Pressure test pipe rams to 400 psi Low / 4,000 psi High for 5 minutes
5. Unland tubing.
6. Strip off hanger. Strip in rubber.
7. RIH to tag for fill.
8. POOH while scanning tubing, lay down bad joints.
9. Kill casing.
10. RU w/ TSBP BHA. RIH and set TSBP @ ~1000'. Test Production casing for leak. Once leak or part is found
11. Dig out around wellhead. N/D BOP's. Remove casing head. Pull casing stump if casing parted at surface.
12. RIH w/ 7-3/4" overshot with 4-1/2" grapple. RIH and latch on top of casing. Pull test.
13. MIRU Wireline. RIH in 1-11/16" stringshot. Set in in collar two joints below damage joint.
14. Perform backoff. POOH and L/D joints.
15. RIH w/ new joints. Screw into casing. Torque to 2800 ft/lbs. Pull test to 80K. Pressure test to 1000 psi for 15 mins.
16. Pull to 78k and set casing slips. Cut off casing stump. Install Tubing Head.
17. NU BOP's. Test same as step 3 & 4.
18. Run tubing in the hole w/ TSBP retrieving head. Latch onto TSBP, unset and TOOH
19. Dump 5 gal of Multichem's MX 6-2502 Corrosion Inhibitor down the casing.
20. RIH with NC, Standard Profile Nipple 1.78" and tubing while hydrotesting, lay down bad joints.
21. Land tubing at ±6,600'.
22. Strip off BOP and NU wellhead.
23. Return well to production.

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:

Best Management Practices

No BMP/COA Type

Description

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Operator Comments:

In trying to develop a Bradenhead Pressure Management Plan for this well, further well diagnostics indicate a possible casing leak that can be corrected via this updated plan.

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

Signed: _____ Print Name: Vicki Schoeber
Title: Regulatory Specialist Email: vschoeber@terraep.com Date: 10/14/2021

Based on the information provided herein, this Sundry Notice (Form 4) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: Katz, Aaron Date: 10/21/2021

CONDITIONS OF APPROVAL, IF ANY:**Condition of Approval****COA Type****Description**

	1) Report work completed with a Form 4 Sundry REPORT OF WORK DONE - Repair Well noting final pressure test results
	2) If wellbore geometry changes or cement work is executed, submit information on a Form 5
1 COA	

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Repair is to replace leaking production casing with new joints of casing.	10/21/2021
Total: 1 comment(s)		

Attachment List

<u>Att Doc Num</u>	<u>Name</u>
402766831	SUNDRY NOTICE APPROVED-REPAIR
402849598	FORM 4 SUBMITTED
Total Attach: 2 Files	