

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: <u>402854747</u>			
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: <u>10110</u>	Contact Name <u>Linsey Jones</u>
Name of Operator: <u>GREAT WESTERN OPERATING COMPANY LLC</u>	Phone: <u>(720) 595-2218</u>
Address: <u>1001 17TH STREET #2000</u>	Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>Ljones@gwp.com</u>

FORM 4 SUBMITTED FOR:

Facility Type: WELL

API Number : 05-0011019500 ID Number: 457464

Name: Seltzer LD Number: 09-371HN

Location QtrQtr: NWNE Section: 4 Township: 1S Range: 67W Meridian: 6

County: ADAMS Field Name: WATTENBERG

Oil & Gas Location(s) and Oil & Gas Development Plan (OGDP) Information

Location(s)

Location ID	Location Name and Number
320515	Seltzer LD Pad

OGDP(s)

No OGDP

WELL LOCATION CHANGE OR AS-BUILT GPS REPORT

☒ Change of Location for Well * ☐ As-Built GPS Location Report ☐ As-Built GPS Location Report with Survey

* Well Location Change requires a new Plat.

SURFACE LOCATION GPS DATA Data must be provided for Change of Surface Location and As Built Reports.

Latitude 39.998990 Longitude -104.892671

GPS Quality Value: 1.6 Type of GPS Quality Value: PDOP Measurement Date: 04/19/2018

Well Ground Elevation: 5140 feet (Required for change of Surface Location.)

WELL LOCATION CHANGE

Well plan is: HORIZONTAL (Vertical, Directional, Horizontal)

Change of **Surface** Footage **From**:

Change of **Surface** Footage **To**:

		FNL/FSL		FEL/FWL	
Current Surface Location From	QtrQtr <u>NWNE</u> Sec <u>4</u>	Twp <u>1S</u>	Range <u>67W</u>	Meridian <u>6</u>	
New Surface Location To	QtrQtr <u>NWNE</u> Sec <u>4</u>	Twp <u>1S</u>	Range <u>67W</u>	Meridian <u>6</u>	

Change of **Top of Productive Zone** Footage **From:**

460 FNL

2600 FWL

Change of **Top of Productive Zone** Footage **To:**

460 FNL

2300 FWL

**

Current **Top of Productive Zone** Location

Sec 4

Twp 1S

Range 67W

New **Top of Productive Zone** Location

Sec 4

Twp 1S

Range 67W

Change of **Base of Productive Zone** Footage **From:**

FNL

FWL

Change of **Base of Productive Zone** Footage **To:**

470 FSL

2300 FWL

**

Current **Base of Productive Zone** Location

Sec

Twp

Range

New **Base of Productive Zone** Location

Sec 9

Twp 1S

Range 67W

Change of **Bottomhole** Footage **From:**

370 FSL

2600 FWL

Change of **Bottomhole** Footage **To:**

370 FSL

2300 FWL

**

Current **Bottomhole** Location

Sec 9

Twp 1S

Range 67W

** attach deviated drilling plan

New **Bottomhole** Location

Sec 9

Twp 1S

Range 67W

SAFETY SETBACK INFORMATION

Required for change of Surface Location.

Distance from Well to nearest:

Building: 1729 Feet
Building Unit: 1064 Feet
Public Road: 486 Feet
Above Ground Utility: 471 Feet
Railroad: 5280 Feet
Property Line: 335 Feet

INSTRUCTIONS:

- Specify all distances per Rule 308.b.(1).
- Enter 5280 for distance greater than 1 mile.
- Building - nearest building of any type. If nearest Building is a Building Unit, enter same distance for both.
- Building Unit – as defined in 100 Series Rules.

SUBSURFACE MINERAL SETBACKS

Required for change of Top and/or Base of Productive Zone. Enter 5280 for distance greater than 1 mile.

Is this Well within a unit? Yes

If YES:

Enter the minimum distance from the Completed Zone of this Well to the Unit Boundary: 460 Feet

Enter the minimum distance from the Completed Zone of this Well to the Completed Zone of an offset Well within the same unit permitted or completed in the same formation: 218 Feet

If NO:

Enter the minimum distance from the Completed Zone of this Well to the Lease Line of the described lease: Feet

Enter the minimum distance from the Completed Zone of this Well to the Completed Zone of an offset Well producing from the same lease and permitted or completed in the same formation: Feet

Exception Location

☐ If this Well requires the approval of a Rule 401.c Exception Location, enter the Rule or spacing order number and attach the Exception Location Request and Waivers.

LOCATION CHANGE COMMENTS

This was spud 4/10/2020. SHL has changed by one foot (now 2320' FEL). Top of productive zone, bottom of productive zone, and BHL are changing.

CHANGE OR ADD OBJECTIVE FORMATION AND/OR SPACING UNIT

Objective Formation	Formation Code	Spacing Order Number	Unit Acreage	Unit Configuration	Add	Modify	No Change	Delete
NIOBRARA	NBRR		640	GWA			X	

OTHER

☐ RULE 502 VARIANCE

Order Number: _____

Description:

☐ REMOVE FROM SURFACE BOND Signed surface use agreement is a required attachment

☐ CHANGE NAME OR NUMBER OF WELL, FACILITY, OIL & GAS LOCATION, OR OGD

From: Name SELTZER LD Number 09-371HN 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 911)

☐ 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 907)

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 WELL RECORDS CONFIDENTIALITY (Rule 206.c.(1))

☐ DIGITAL WELL LOG UPLOAD

☐ DOCUMENTS SUBMITTED Purpose of Submission: _____

☐ COMPLIANCE with CONDITION OF APPROVAL (COA) on Form NO: _____ Document Number: _____

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, as required by Rule 434.b.(3).

Date well temporarily abandoned _____

Has Production Equipment been removed from site? _____

Mechanical Integrity Test (MIT) required. Date of last MIT _____

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/REQUEST FOR APPROVAL Approximate Start Date 11/04/2021

☐ SUBSEQUENT REPORT Date of Activity _____

- | | | |
|---|--|--|
| <input type="checkbox"/> Bradenhead Plan | <input type="checkbox"/> Venting or Flaring (Rule 903) | <input type="checkbox"/> E&P Waste Mangement |
| <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"/> Underground Injection Control | | |
| <input type="checkbox"/> Request approval of Reuse and Recycling Plan per Rule 905.a.(3). (Reuse and Recycling Plan must be attached.) | | |
| <input type="checkbox"/> Request approval of Alternative Sampling Plan per Rule 909.j.(6). for this Pit. (Alternative Sampling Program must be attached.) | | |
| <input type="checkbox"/> Other | | |

☐ Request that an existing produced water sample from the same formation be used per Rule 909.j.(6) to meet the requirements of Rule 909.j.(1)-(5) for this Well.

Pit ID _____ Pit Name _____

(No Sample Provided)

☐ Subsequent well operations with heavy equipment (Rule 312)

(No Well Provided)

COMMENTS:

Top of productive zone, bottom of productive zone, and BHL are changing as well as proposed total depth. Updated well location plat, deviated drilling plan, directional data template, and offset well evaluation are attached.

CASING PROGRAM

Casing Type	Size of Hole	Size of Casing	Grade	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top
SURF	13+1/2	9+5/8	J55	36	0	2026	930	2026	0
1ST	8+1/2	5+1/2	HCP110	17	0	17841	2246	17841	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	Fox Hills	698	698	1003	1003	501-1000	USGS	WSP 2302
Confining Layer	Pierre	1003	1003	1277	1277			
Groundwater	Upper Pierre Aquifer	1277	1277	2160	2159	1001-10000	WQCC	COGCC Report, Paper 2141
Confining Layer	Pierre	2160	2159	4444	4443			
Hydrocarbon	Parkman	4444	4443	4684	4683			
Confining Layer	Pierre	4684	4683	4851	4850			
Hydrocarbon	Sussex	4851	4850	5092	5090			
Confining Layer	Pierre	5092	5090	5478	5465			
Hydrocarbon	Shannon	5478	5465	5656	5630			
Confining Layer	Pierre	5656	5630	7564	7331			
Confining Layer	Sharon Springs	7564	7331	7723	7456			
Hydrocarbon	Niobrara	7723	7456	17841	7688			The TVD of the deepest hydrocarbon zone is the bottom of the well and not the bottom of the formation. The formation is not planned to be exited.

H2S REPORTING

☐ Intentional release of H2S gas due to Upset Condition or malfunction.

☐ Intent to temporarily abandon well with potential H2S concentration >100 ppm.

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:

OIL & GAS LOCATION UPDATES

OGDP ID _____ OGDG Name _____

SITE EQUIPMENT LIST UPDATES

Indicate the number and type of major equipment components planned for use on this Oil and Gas Location:

Wells _____	Oil Tanks _____	Condensate Tanks _____	Water Tanks _____	Buried Produced Water Vaults _____
Drilling Pits _____	Production Pits _____	Special Purpose Pits _____	Multi-Well Pits _____	Modular Large Volume Tank _____
Pump Jacks _____	Separators _____	Injection Pumps _____	Heater-Treaters _____	Gas Compressors _____
Gas or Diesel Motors _____	Electric Motors _____	Electric Generators _____	Fuel Tanks _____	LACT Unit _____
Dehydrator Units _____	Vapor Recovery Unit _____	VOC Combustor _____	Flare _____	Enclosed Combustion Devices _____
Meter/Sales Building _____	Pigging Station _____	Vapor Recovery Towers _____		

OTHER PERMANENT EQUIPMENT UPDATES**OTHER TEMPORARY EQUIPMENT UPDATES****CULTURAL AND SAFETY SETBACK UPDATES****OTHER LOCATION CHANGES AND UPDATES**

Provide a description of other changes or updates to technical information for this Location:

POTENTIAL OGDG UPDATES**PROPOSED CHANGES TO AN APPROVED OGDG**☐ This Sundry Form 4 is being submitted pursuant to Rule 301.c to propose changes to an approved Oil and Gas Development Plan.

Check all boxes that pertain to the type(s) of changes being proposed for this OGDG:

- | | |
|--|--|
| <input type="checkbox"/> Add Oil and Gas Location(s) | <input type="checkbox"/> Add Drilling and Spacing Unit(s) |
| <input type="checkbox"/> Amend Oil and Gas Location(s) | <input type="checkbox"/> Amend Drilling and Spacing Unit(s) |
| <input type="checkbox"/> Remove Oil and Gas Location(s) | <input type="checkbox"/> Remove Drilling and Spacing Unit(s) |
| <input type="checkbox"/> Oil and Gas Location attachment or plan updates | <input type="checkbox"/> Amend the lands subject to the OGDG |
| <input type="checkbox"/> Other | |

Provide a detailed description of the changes being proposed for this OGDG. Attach supporting documentation such as maps if necessary.

Best Management Practices**No BMP/COA Type****Description**

1	Drilling/Completion Operations	Alternative Logging Program: One of the first wells drilled on the pad will be logged with open-hole resistivity log and gamma-ray log from the kick-off point into the surface casing. All wells on the pad will have a cement bond log with gamma-ray run on production casing (or on intermediate casing if production liner is run) into the surface casing. The horizontal portion of every well will be logged with a measured-while-drilling gamma-ray log. The Form 5, Completion Report, for each well on the pad will list all logs run and have those logs attached. The Form 5 for a well without open-hole logs shall state "Alternative Logging Program - No open-hole logs were run" and shall clearly identify the type of log and the well (by API#) in which open-hole logs were run.
---	--------------------------------	---

Total: 1 comment(s)

Operator Comments:

This sundry is being submitted to amend the Seltzer LD 09-371HN well which spud 4/10/2020 and had surface casing set. A preliminary Form 5, document #402430057, was submitted 7/2/2020. Surface casing setting depth on this sundry reflects the drilling rig's KB elevation and will differ from the preliminary Form 5 submitted. This well is changing TPZ, BPZ, BHL, and proposed total depth as well as casing and cement plan. Updated Offset Well Evaluation, Well Location Plat, Deviated Drilling Plan, and Directional Data Template are attached.

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

Signed: _____ Print Name: Linsey Jones

Title: Regulatory Analyst Email: ljones@gwp.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>
402854854	DEVIATED DRILLING PLAN
402854859	WELL LOCATION PLAT
402854860	DIRECTIONAL DATA
402862494	OFFSET WELL EVALUATION

Total Attach: 4 Files