

State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

| DE | ET | OE | ES |
|----|----|----|----|
|----|----|----|----|

Document Number:

402921443

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: 100322 | Contact Name Mike Marini |
| Name of Operator: NOBLE ENERGY INC | Phone: (713) 992 1123 |
| Address: 1001 NOBLE ENERGY WAY | Fax: () |
| City: HOUSTON State: TX Zip: 77070 | Email: mike.marini@chevron.com |

FORM 4 SUBMITTED FOR:

Facility Type: LOCATION

API Number : 05- 123 00 ID Number: 460646

Name: LD15-17 PAD Number:

Location QtrQtr: SENE Section: 15 Township: 9N Range: 58W Meridian: 6

County: WELD Field Name:

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

Location(s)

| Location ID | Location Name and Number |
|-------------|--------------------------|
| 460646 | LD15-17 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 Longitude

GPS Quality Value: Type of GPS Quality Value: Measurement Date:

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

WELL LOCATION CHANGE

Well plan is: (Vertical, Directional, Horizontal)

Change of Surface Footage From:

Change of Surface Footage To:

Current Surface Location From QtrQtr SENE Sec 15 Twp 9N Range 58W Meridian 6

New Surface Location To QtrQtr Sec Twp Range Meridian

Change of Top of Productive Zone Footage From:

Change of Top of Productive Zone Footage To:

Current Top of Productive Zone Location Sec Twp Range

New Top of Productive Zone Location Sec Twp Range

**

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

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

**

Current **Base of Productive Zone** Location

Sec

Twp

Range

New **Base of Productive Zone** Location

Sec

Twp

Range

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

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

**

Current **Bottomhole** Location

Sec

Twp

Range

** attach deviated drilling plan

New **Bottomhole** Location

Sec

Twp

Range

SAFETY SETBACK INFORMATION

Required for change of Surface Location.

Distance from Well to nearest:

Building: _____ Feet
Building Unit: _____ Feet
Public Road: _____ Feet
Above Ground Utility: _____ Feet
Railroad: _____ Feet
Property Line: _____ 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? _____

If YES:

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

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 OGDP

From: Name LD15-17 PAD Number Effective Date: 02/21/2022

To: Name Tatanka LD Number 15-17

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: Update Directional Well Plat, equipment count

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 _____

☐ 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 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:

GAS CAPTURE

VENTING AND FLARING:

Operation type: _____ Operational phase requiring venting/flaring: _____

Reason for venting/flaring: _____

Describe Other reason for venting/flaring:

Describe why venting or flaring is necessary. If reporting per Rule 903.b.(2), 903.c.(3).C, or 903.d.(2), include the explanation, rationale, and cause of the event:

Describe how the operation will protect and minimize adverse impacts to public health, safety, welfare, the environment, and wildlife resources. If reporting per Rule 903.d.(2), include BMPs used to minimize venting on the BMP Tab:

Total volume of gas vented or flared: _____ mcf ☐ estimated ☐ measured
Total duration of emission event: _____ hours ☐ consecutive ☐ cumulative

Submit a single representative gas analysis via Form 43 to create a Sample Site Facility ID# for this Location. Reference the Form 43 document number on the Related Forms tab.

Sample Site Facility ID#: _____

GAS CAPTURE PLAN

Describe the plan to connect to a gathering line or beneficially use the gas; include anticipated timeline:

A Gas Capture Plan that meets the requirements of Rule 903.e is attached. ☐

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 _____ OGDP Name _____

SITE EQUIPMENT LIST UPDATES

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

| | | | | | | | | | |
|----------------------|----|---------------------|---|-----------------------|---|-----------------|---|------------------------------|---|
| Wells | 4 | Oil Tanks | 4 | Condensate Tanks | 0 | Water Tanks | 4 | Buried Produced Water Vaults | 2 |
| Drilling Pits | 0 | Production Pits | 0 | Special Purpose Pits | 0 | Multi-Well Pits | 0 | Modular Large Volume Tank | 1 |
| Pump Jacks | 4 | Separators | 8 | Injection Pumps | 0 | Heater-Treaters | 4 | Gas Compressors | 5 |
| Gas or Diesel Motors | 0 | Electric Motors | 0 | Electric Generators | 4 | Fuel Tanks | 0 | LACT Unit | 4 |
| Dehydrator Units | 0 | Vapor Recovery Unit | 7 | VOC Combustor | 4 | Flare | 0 | Enclosed Combustion Devices | 4 |
| Meter/Sales Building | 14 | Pigging Station | 2 | Vapor Recovery Towers | 1 | | | | |

OTHER PERMANENT EQUIPMENT UPDATES

| Permanent Equipment Type | Number |
|--------------------------|--------|
| Maintenance Tank | 1 |
| Oxygen Destructor | 1 |
| IA Skid | 2 |
| Oil Surge Drum | 1 |
| Electric Pumps | 16 |
| Scrubbers | 14 |
| Tank Vapor Blower | 1 |

OTHER TEMPORARY EQUIPMENT UPDATES

| Temporary Equipment Type | Number |
|--------------------------|--------|
| TEMPORARY FRAC TANKS | 20 |
| Injection/Chemical Pumps | 10 |

CULTURAL AND SAFETY SETBACK UPDATES

OTHER LOCATION CHANGES AND UPDATES

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

All equipment changes will be within the already permitted disturbance, as shown on the attached layout drawing. There are no changes to cultural distances or setbacks.

- VAPOR RECOVERY TOWER FROM 0 TO 1
- OXYGEN DESTROYER FROM 0 TO 1
- TANK VAPOR BLOWER FROM 0 TO 1
- ELECTRIC PUMPS FROM 0 TO 16
- TEMPORARY INJECTION/CHEMICAL PUMPS FROM 0 TO 10
- IA SKID FROM 1 TO 2.

POTENTIAL OGDUPDATES

PROPOSED CHANGES TO AN APPROVED OGDUP

☐ 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 OGDUP:

- | | |
|--|---|
| <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 OGDUP |
| <input type="checkbox"/> Other | |

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

Best Management Practices

No BMP/COA Type

Description

Operator Comments:

Directional well plat updated to reflect well name changes and reduced spacing between well SHL.
Operator requests to expedite sundries due to pad construction having started.

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

Signed: _____ Print Name: Justin Garrett
Title: Sr. Regulatory Analyst Email: regulatory@ascentgeomatics.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

General Comments

User Group

Comment

Comment Date

| | | |
|------|--|------------|
| OGLA | Return to DRAFT - To update the equipment count on a location, operator needs to fill out completely the Oil and Gas Location Updates tab. | 02/25/2022 |
|------|--|------------|

Total: 1 comment(s)

Attachment List

Att Doc Num

Name

| | |
|-----------|-----------------------|
| 402921644 | DIRECTIONAL WELL PLAT |
| 402951368 | LAYOUT DRAWINGS |

Total Attach: 2 Files