

State of Colorado
Oil and Gas Conservation Commission

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DE	ET	OE	ES
Document Number: <u>402980965</u>			
Date Received: <u>03/11/2022</u>			

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>10651</u>	Contact Name <u>Heather Mitchell</u>
Name of Operator: <u>VERDAD RESOURCES LLC</u>	Phone: <u>(720) 845-6917</u>
Address: <u>1125 17TH STREET SUITE 550</u>	Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>regulatory@verdadresources.com</u>

FORM 4 SUBMITTED FOR:

Facility Type: WELL

API Number : 05- 123 51238 00 ID Number: 477914

Name: Onion Number: 1918-02H

Location QtrQtr: NESW Section: 19 Township: 1N Range: 64W Meridian: 6

County: WELD Field Name: WATTENBERG

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

Location(s)

Location ID	Location Name and Number
470925	Onion-Berg-Gourd 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 40.035251 Longitude -104.596711

GPS Quality Value: 2.0 Type of GPS Quality Value: PDOP Measurement Date: 04/04/2019

Well Ground Elevation: 5011 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:**

Current Surface Location From	QtrQtr	<u>NESW</u>	Sec	<u>19</u>	Twp	<u>1N</u>	Range	<u>64W</u>	Meridian	<u>6</u>
New Surface Location To	QtrQtr	<u>NESW</u>	Sec	<u>19</u>	Twp	<u>1N</u>	Range	<u>64W</u>	Meridian	<u>6</u>

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

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

Current Top of Productive Zone Location	Sec	<u>19</u>	Twp	<u>1N</u>	Range	<u>64W</u>
New Top of Productive Zone Location	Sec	<u>19</u>	Twp	<u>1N</u>	Range	<u>64W</u>

FNL/FSL		FEL/FWL	
<u>1681</u>	<u>FSL</u>	<u>1635</u>	<u>FWL</u>
<u>2075</u>	<u>FSL</u>	<u>1707</u>	<u>FWL</u>
<u>2180</u>	<u>FNL</u>	<u>750</u>	<u>FWL</u>
<u>2180</u>	<u>FNL</u>	<u>1006</u>	<u>FWL</u>

**

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

Change SHL, wellbore and revise drilling plans

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>	<u>Add</u>	<u>Modify</u>	<u>No Change</u>	<u>Delete</u>
NIOBRARA	NBRR	407-1897	956	Sec 18:ALL,Sec 19:N2			X	

OTHER

RULE 502 VARIANCE

Order Number:

Description:	
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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 ONION Number 1918-02H Effective Date:

To:	Name	Number
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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: Change SHL, wellbore and revise drilling plans

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 03/11/2022

☐ 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:

Change SHL, wellbore and revise drilling plans

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. ☐

CASING PROGRAM

Casing Type	Size of Hole	Size of Casing	Grade	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top
CONDUCTOR	26	16	ASTM	65	0	80	70	80	0
SURF	13+1/2	9+5/8	J55	36	0	2169	589	2169	0
1ST	8+1/2	5+1/2	P110	20	0	14776	1892	14776	

POTENTIAL FLOW AND CONFINING FORMATIONS

Zone Type	Formation /Hazard	Top M.D.	Top T.V.D.	Bottom M.D.	Bottom T.V.D.	TDS (mg/L)	Data Source	Comment
Groundwater	Araphoe	0	0	685	684	501-1000	USGS	USGS-400237104354401 600 mg/L
Groundwater	Fox Hills	685	684	1012	1008	501-1000	USGS	USGS-400111104354501 738 mg/L
Confining Layer	Pierre	1012	1008	1607	1599			
Groundwater	Upper Porosity	1607	1599	2118	2106	1001-10000	Other	CO DNR Report Project Number 2141
Confining Layer	Pierre	2118	2106	4102	4076			
Hydrocarbon	Parkman	4102	4076	4407	4378			Non-productive horizon
Confining Layer	Pierre	4407	4378	4456	4427			
Hydrocarbon	Sussex	4456	4427	4808	4776			Non-productive horizon
Confining Layer	Pierre	4808	4776	5274	5239			
Hydrocarbon	Shannon	5274	5239	5714	5676			Non-productive horizon
Confining Layer	Pierre	5714	5676	6971	6912			
Hydrocarbon	Sharon Springs	6971	6912	7635	7246			Non-productive horizon
Hydrocarbon	Niobrara	7635	7246	14776	7250			

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 _____	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 OGDP UPDATES

PROPOSED CHANGES TO AN APPROVED OGDP



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

No BMP/COA Type	Description

Operator Comments:

Verdad would like to shift the SHL and wellbore of this well.
The nearest well permitted in the same formation is the Onion 1918 01H measured in 2D using GIS mapping this is a Verdad operated well.
This well has a BHL beyond the unit boundary setback. The bottom of the completed interval will be within the boundary setback at 460 FNL and 1001 FWL of Sec. 18. The wellbore beyond the unit setback will be physically isolated and will not be completed.

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

Signed: _____ Print Name: Heather Mitchell
Title: Regulatory Manager Email: regulatory@verdadresources.com Date: 3/11/2022

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

COGCC Approved: Haverkamp, Curtis Date: 4/6/2022

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

	<p>Per COGCC Order 1-232, Bradenhead tests shall be performed according to the following schedule and Form 17 submitted within 10 days of each test:</p> <p>1) Within 60 days of rig release, prior to stimulation. If any pressure greater than 200 psi is observed or if there is continuous flow, Operator must contact COGCC engineering for approval prior to stimulation.</p> <p>2) If a delayed completion, a second test is required between 6-9 months after rig release and must be conducted prior to stimulation. If any pressure greater than 200 psi is observed or if there is continuous flow, Operator must contact COGCC engineering for approval prior to stimulation.</p> <p>3) A post-production test within 60 days after first sales, as reported on the Form 10, Certificate of Clearance.</p>
	Operator acknowledges the proximity of the listed non-operated wells. Operator assures that this offset list will be remediated per the Offset Well Evaluation and Hydraulic Fracturing Operator Guidance Document Operator using Option 3. Operator will submit a Form 42 ("OFFSET MITIGATION COMPLETED") stating what appropriate mitigation occurred and that it has been completed, prior to the hydraulic stimulation of this well. 123-10851 Weimer 1
	<p>1) Submit Form 42 electronically to COGCC 2 business days prior to MIRU (spud notice) for the first well activity with a rig on the pad and provide 2 business day spud notice via Form 42 for all subsequent wells drilled on the pad.</p> <p>2) Comply with Rule 408.j. and provide cement coverage from TD to a minimum of 500' above Niobrara. Verify coverage with a cement bond log.</p>
	COGCC COA: Operator will ensure the wellbore beyond the unit boundary setback is physically isolated and is not completed. In the Operator Comments on the Form 5A the operator will (1) report the footages from the section lines of the bottom of the completed interval (2) describe how the wellbore beyond the unit boundary setback is physically isolated and (3) certify that none of the wellbore beyond the setback was completed.

4 COAs

General Comments**User Group****Comment****Comment Date**

Permit	-Received consent from the operator to add the drilling beyond the setback -Passed Permit Review	03/23/2022
Permit	Confirming with the operator on adding the drilling beyond the setback COA	03/22/2022

Total: 2 comment(s)

Attachment List**Att Doc Num****Name**

402980965	SUNDRY NOTICE APPROVED-LOC-SFTY-STBK-MNRL-STBK-OBJ-DRLG-CSG-DOC
402982104	WELL LOCATION PLAT
402982105	DEVIATED DRILLING PLAN
402982107	DIRECTIONAL DATA
403006457	FORM 4 SUBMITTED

Total Attach: 5 Files