

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

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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DE	ET	OE	ES
Document Number: 403003378			
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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: 94300 Contact Name Randy Ward
 Name of Operator: WARD & SON* ALFRED Phone: (308) 2848350
 Address: P O BOX 737 Fax: ()
 City: OGALLALLA State: NE Zip: 69153 Email: randy@wardoil.com

FORM 4 SUBMITTED FOR:

Facility Type: WELL
 API Number : 05- 121 08119 00 ID Number: 235629
 Name: PIERCE Number: 8
 Location QtrQtr: SESW Section: 9 Township: 3S Range: 56W Meridian: 6
 County: WASHINGTON Field Name: BIG BEAVER

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

Location(s)

Location ID	Location Name and Number
317068	PIERCE-63S56W 9SESW

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)

				FNL/FSL		FEL/FWL				
Change of Surface Footage From :				<input type="text" value="660"/>	<input type="text" value="FSL"/>	<input type="text" value="1860"/>	<input type="text" value="FWL"/>			
Change of Surface Footage To :				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Current Surface Location From	QtrQtr	<input type="text" value="SESW"/>	Sec	<input type="text" value="9"/>	Twp	<input type="text" value="3S"/>	Range	<input type="text" value="56W"/>	Meridian	<input type="text" value="6"/>
New Surface Location To	QtrQtr	<input type="text"/>	Sec	<input type="text"/>	Twp	<input type="text"/>	Range	<input type="text"/>	Meridian	<input type="text"/>
Change of Top of Productive Zone Footage From :				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Change of Top of Productive Zone Footage To :				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		**	
Current Top of Productive Zone Location			Sec	<input type="text"/>	Twp	<input type="text"/>	Range	<input type="text"/>		
New Top of Productive Zone Location			Sec	<input type="text"/>	Twp	<input type="text"/>	Range	<input type="text"/>		

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 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>
J SAND	JSND	0	40	SESW			X	

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 04/20/2022

SUBSEQUENT REPORT Date of Activity _____

- Bradenhead Plan
 - Change Drilling Plan
 - Gross Interval Change
 - Underground Injection Control
 - Request approval of Reuse and Recycling Plan per Rule 905.a.(3). (Reuse and Recycling Plan must be attached.)
 - Request approval of Alternative Sampling Plan per Rule 909.j.(6). for this Pit. (Alternative Sampling Program must be attached.)
 - Other
- Venting or Flaring (Rule 903)
 - Repair Well
- E&P Waste Mangement
 - Beneficial Reuse of E&P Waste

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:

Oct 2021 located holes in casing at 3631 - 3664.
 Operator will pull tubing and run a mill to the CIBP at 4850.
 Will ream out plug and ream tight spot below 4816.
 Sand plug will be put above the perforations
 4 1/2 casing liner will be run to below the tite spot and cemented with approx 126 sks.
 Hold well have a CBL run and a pressure test prior to complete drill out.

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
1ST LINER	5	4+1/2	j	10.5	0	4850	126	4850	0

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	alluvial blue shale	16	16	200	200	1001-10000	DWR	well just north of the #8 was drilled to 200, records indicate 3 gpm. landowner was asked if he would like to repair it and he refused. There are windmills in the area 40 feet deep, 10 gpm but water is not potable, high in sulfur
Confining Layer	Huntsman Shale	4930	4930	4958	4958			
Hydrocarbon	JSND	4960	4960	4970	4970			

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 OGDP:

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

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

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Best Management Practices

<u>No</u>	<u>BMP/COA Type</u>	<u>Description</u>

Operator Comments:

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

Signed: _____ Print Name: Randy Ward
 Title: pres Email: randy@wardoil.com Date: 4/27/2022

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

COGCC Approved: Wolfe, Stephen Date: 5/6/2022

CONDITIONS OF APPROVAL, IF ANY:

Condition of Approval

<u>COA Type</u>	<u>Description</u>
1 COA	1) Provide electronic Form 42 Notice of MIRU 2 business days ahead of operations. 2) Prior to starting repair work a bradenhead test shall be performed. If the beginning pressure is greater than 25 psi, or if pressure remains at the conclusion of the test, or if any liquids were present contact COGCC Engineer for sampling requirements before pumping any cement. The Form 17 shall be submitted within 10 days of the test. 3) The additional cement referenced shall be placed as indicated. The placed cement shall be verified with a CBL and documented with a Form 5 within 30 days of repair operations. 4) Pressure test liner and submit results with the Form 5. 5) Update entire casing table with the Form 5.

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Potential Flow Zone table on casing tab requires a confining layer. Any zones that may contain groundwater need to be listed as well. Up to and including the surface. Returning to draft for operator to complete. Done	04/11/2022

Total: 1 comment(s)

Attachment List

<u>Att Doc Num</u>	<u>Name</u>
403003378	SUNDRY NOTICE APPROVED-OBJ-REPAIR-CSG
403003796	WELLBORE DIAGRAM
403041136	FORM 4 SUBMITTED

Total Attach: 3 Files