

**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
----	----	----	----

**Submit By Other Operator**

Document Number:

403053846

Date Received:

05/23/2022

**SUNDRY NOTICE**

This form is required for reports, updates, and requests as specified in the COGCC rules. It is also used to request changes to some aspects of approved permits for Wells and Oil and Gas Locations.

OGCC Operator Number: <u>51130</u>	Contact Name <u>Daniel Benedict</u>
Name of Operator: <u>LOCIN OIL CORPORATION</u>	Phone: <u>(303) 902-1593</u>
Address: <u>600 TRAVIS ST STE 6161</u>	Fax: <u>( )</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77002</u>	Email: <u>dbenedict@arb.energy</u>

**FORM 4 SUBMITTED FOR:**

Facility Type: WELL

API Number : 05- 045 06189 00 ID Number: 210433

Name: FEDERAL Number: 1-5

Location QtrQtr: SESE Section: 5 Township: 8S Range: 104W Meridian: 6

County: GARFIELD Field Name: BRIDLE

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

**Location(s)**

Location ID	Location Name and Number
322409	FEDERAL-68S104W 5SESE

**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 <b>Surface</b> Location <b>From</b>	QtrQtr <u>SESE</u>	Sec <u>5</u>	Twp <u>8S</u>	Range <u>104W</u>	Meridian <u>6</u>
New <b>Surface</b> Location <b>To</b>	QtrQtr <u></u>	Sec <u></u>	Twp <u></u>	Range <u></u>	Meridian <u></u>

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

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

Current <b>Top of Productive Zone</b> Location	Sec <u></u>	Twp <u></u>	Range <u></u>
New <b>Top of Productive Zone</b> Location	Sec <u></u>	Twp <u></u>	Range <u></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 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>
DAKOTA-MORRISON	DK-MR	0	0				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 FEDERAL Number 1-5 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 (Form 2) – 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**

☐ **REPORT OF TEMPORARY ABANDONMENT**

Describe the method used to ensure that the Well is closed to the atmosphere and the Operator's plans for future operation of the Well in the COMMENTS box below as required by Rule 434.b.(1).

☐ **REQUEST FOR TEMPORARY ABANDONMENT EXCEEDING 6 MONTHS**

State the reason for the extension request and explain the Operator's plans for future operation of the Well 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      03/22/2022

- |   |  |  |
|---|--|--|
| <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 checked="" type="checkbox"/> Other    Alternative MIT  |  |  |

☐ 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:**

Locin Oil Corporation requests approval of alternative MIT for the FEDERAL 1-5 as allowed for by Rule 417.b.(3) after Director consideration of any equivalent test or combination of tests.  
Locin believes the FEDERAL 1-5 demonstrates mechanical integrity based on the attached bradenhead test performed 3/22/2022 showing acceptable bradenhead pressure and tubing/casing pressure. Well pressures including the bradenhead are monitored to ensure integrity.  
This well was SI as a result of the Baxter Pass Gas Processing Plant shut down and was producing at the time of this facility shut down and would otherwise still be producing.

**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

(No Casing Provided)

#### POTENTIAL FLOW AND CONFINING FORMATIONS

#### 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 \_\_\_\_\_ OGD 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 OGD UPDATES

PROPOSED CHANGES TO AN APPROVED OGD

☐ 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 OGD:

- ☐ Add Oil and Gas Location(s)
- ☐ Add Drilling and Spacing Unit(s)
- ☐ Amend Oil and Gas Location(s)
- ☐ Amend Drilling and Spacing Unit(s)
- ☐ Remove Oil and Gas Location(s)
- ☐ Remove Drilling and Spacing Unit(s)
- ☐ Oil and Gas Location attachment or plan updates
- ☐ Amend the lands subject to the OGD
- ☐ Other

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

**Best Management Practices**

**No BMP/COA Type**

**Description**

--	--

Operator Comments:

The Carbonera (Baxter Pass) Gas Processing Plant was shut down after a major equipment failure and the decision was made not to make the costly repair at that time. Due to the facility shut down, the entire field had zero takeaway capacity. Because of this stranded gas, Utah Gas Corp acquired the Baxter Pass Gas Processing Plant with the intent to perform necessary repairs and have the facility up and running before the end of the first quarter of 2022. Lengthy delays in getting parts for the repairs has prolonged commissioning and start-up of the facility. This Form 4 is being filed for the FEDERAL 1-5 in response to these delays and the need for an alternative MIT approval to satisfy timing requirements per COGCC Rule 417.b.

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

Signed: \_\_\_\_\_ Print Name: Melanie Adams  
Title: Compliance Division Mgr Email: meladams@tcolandservices.com Date: 5/23/2022

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

COGCC Approved: Katz, Aaron Date: 6/23/2022

**CONDITIONS OF APPROVAL, IF ANY:**

**Condition of Approval**

**COA Type**

**Description**

	1) Operator shall comply with COGCC Rule 419. Bradenhead Monitoring, Testing, and Reporting and Rule 420. Form 17, Bradenhead Test Report  2) At least once a year shut in bradenhead for 7 days or until the pressure reaches the bradenhead threshold and perform a bradenhead test. Report results on a Form 17, as specified in Rule 420 or other Director approved submittal method.  3) Complete subsequent Form 21 MITs in accordance with the timelines set forth in Rule 417.
--	--

1 COA

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Engineer	See Letter to Director Document 2597892 for further details and a table of pressures to document mechanical integrity.	06/23/2022

Total: 1 comment(s)

**Attachment List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
403053846	SUNDRY NOTICE APPROVED-OBJ-OTHER
403056331	OTHER
403087818	FORM 4 SUBMITTED

Total Attach: 3 Files