

State of Colorado
Oil and Gas Conservation Commission

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DE	ET	OE	ES
Document Number: <u>403159133</u>			
Date Received: <u>09/08/2022</u>			

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>96850</u>	Contact Name <u>Melissa Luke</u>
Name of Operator: <u>TEP ROCKY MOUNTAIN LLC</u>	Phone: <u>(970) 263-2721</u>
Address: <u>1058 COUNTY ROAD 215</u>	Fax: ()
City: <u>PARACHUTE</u> State: <u>CO</u> Zip: <u>81635</u>	Email: <u>mluke@terraep.com</u>

FORM 4 SUBMITTED FOR:

Facility Type: WELL

API Number : 05- 045 24474 00 ID Number: 479175

Name: FEDERAL Number: NR 442-3

Location QtrQtr: NWSW Section: 3 Township: 6S Range: 94W Meridian: 6

County: GARFIELD Field Name: RULISON

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

Location(s)

Location ID	Location Name and Number
422211	CLOUGH NR 23-3

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 :		2408	FSL	1283	FWL
Change of Surface Footage To :					
Current Surface Location From	QtrQtr <u>NWSW</u> Sec <u>3</u>	Twp <u>6S</u>	Range <u>94W</u>	Meridian <u>6</u>	
New Surface Location To	QtrQtr _____ Sec _____	Twp _____	Range _____	Meridian _____	
Change of Top of Productive Zone Footage From :		2389	FNL	669	FEL
Change of Top of Productive Zone Footage To :					**
Current Top of Productive Zone Location	Sec <u>3</u>	Twp <u>6S</u>	Range <u>94W</u>		
New Top of Productive Zone Location	Sec _____	Twp _____	Range _____		

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

 FNL FEL

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:**

 2389 FNL 669 FEL

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>
WILLIAMS FORK	WMFK	1-229					X	

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 09/09/2022

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 type="checkbox"/> Change Drilling Plan | <input checked="" 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:

TEP Rocky Mountain LLC (TEP) is requesting approval to repair a casing leak on the Federal NR 442-3 (Doc # 402484514) well (NR 23-33 Pad (Loc ID# 422211)).

Please see attached proposed procedure to remediate the casing leak as well as the WBD's for this proposal. Verbal approval was granted on 09/08/2022.

Proposed Procedure

- 1 Notify COGCC 48 hrs prior to start of activity via electronic Form 42. Notify BLM
- 2 Check casing pressure to verify well is dead
- 3 MIRU workover rig. NU BOPs and pressure test Hi/Lo 3000psi/400psi
- 4 PU 2 3/8" 4.7# workstring and 4.5" Packer RIH to TOC. Set packer ~ 5,350' per pipe tally
- Pressure test to 2,500psi to verify hole is above TOC
- 5 Leak isolated @ 1955' - 1988' (Above TOC)
- 6 Set Composite bridge plug on wireline @ 2100' (112' below bottom of bad casing)
- 7 Set Cast iron cement retainer on tbg @ 1855' (100' above top of bad casing)
- 8 Function test retainer and establish injection rate with BH open
- 9 MIRU Cement crew
- 10 Pump 250 sks 15.8# class G neat cement to raise cement behind pipe from 1955' to 1216' (739' HOC) with 20% excess for losses
- 11 Displace tbg with 6 bbls of fresh leaving 1 bbl slurry in tbg
- 12 Sting out of retainer, POOH
- 13 Shut down 24 hrs to allow cement to cure
- 14 RIH with 3 7/8" Tri-cone bit
- 15 Drill out Retainer and cement down to bridge plug @ 2100'
- 16 Pressure test remedial job to 2500 psi and hold for 30 min
- 17 Drill out remaining plugs, cleanout to bottom, land tbg
- 18 Turn well over to production

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 _____ 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 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:

- 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 OGDG
- 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:

TEP Rocky Mountain LLC (TEP) is requesting approval to repair a casing leak on the Federal NR 442-3 (Doc # 402484514) well (NR 23-33 Pad (Loc ID# 422211)). Verbal approval was granted on 09/08/2022.

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

Signed: _____ Print Name: Melissa Luke

Title: Regulatory Specialist Email: mlope@terraep.com Date: 9/8/2022

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: 9/14/2022

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

1) Submit a Form 5 within 30 days of the work with job related documents including a minimum of one of the following attachments: operations summary, cement job summary and/or wireline summary. Additionally, include CBL's and any additional logs run.

2) Complete a bradenhead test following completion of the repair and submit results on a Form 17 or directive approved method

Operator will implement measures to capture, combust, or control emissions to protect health and safety, and to ensure that vapors and odors from well completion(s), well repair/maintenance, well perforating, temporary abandonment activities, additional equipment installation, and/or testing operations with a workover rig, wireline rig, or other heavy equipment do not constitute a nuisance or hazard to public health, welfare and the environment.

2 COAs

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

Engineer

Operator contacted area engineer with details that indicated a casing leak from the high BH pressure. The Operator mitigated the pressure by setting a CIBP above the perms until the repair could be completed.

09/14/2022

Total: 1 comment(s)

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

403159133

SUNDRY NOTICE APPROVED-OBJ-SBSQ-OPS-REPAIR

403159468

WELLBORE DIAGRAM

403159469

WELLBORE DIAGRAM

403159470

PROPOSED PROCEDURE

403159473

WELLBORE DIAGRAM

403159475

OTHER

403159476

OTHER

403166145

FORM 4 SUBMITTED

Total Attach: 8 Files