

**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
Document Number: 403237974			
Date Received: 11/30/2022			

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>10456</u>	Contact Name <u>Caden Andrews</u>
Name of Operator: <u>CAERUS PICEANCE LLC</u>	Phone: <u>(214) 507-9752</u>
Address: <u>1001 17TH STREET #1600</u>	Fax: ()
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>candrews@caerusoilandgas.com</u>

FORM 4 SUBMITTED FOR:

Facility Type: WELL

API Number : 05- 045 15105 00 ID Number: 293689

Name: N. PARACHUTE Number: EF01C-31 I30A 5

Location QtrQtr: NESE Section: 30 Township: 5S Range: 95W Meridian: 6

County: GARFIELD Field Name: GRAND VALLEY

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

Location(s)

Location ID	Location Name and Number
335807	N.PARACHUTE-65S95W 30NESE

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:		FNL/FSL	FEL/FWL
Change of Surface Footage To:			
Current Surface Location From	QtrQtr <u>NESE</u> Sec <u>30</u>	Twp <u>5S</u> Range <u>95W</u> Meridian <u>6</u>	
New Surface Location To	QtrQtr _____ Sec _____	Twp _____ Range _____ Meridian _____	
Change of Top of Productive Zone Footage From:		FNL	FEL
Change of Top of Productive Zone Footage To:			
Current Top of Productive Zone Location	Sec <u>31</u>	Twp <u>5S</u> Range <u>95W</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:**

 574 FNL 1138 FEL

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

**

Current **Bottomhole** Location

Sec 31Twp 5SRange 95W

** 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

Objective Formation	Formation Code	Spacing Order Number	Unit Acreage	Unit Configuration	Add	Modify	No Change	Delete
WILLIAMS FORK	WMFK	510-13					X	

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 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 OGDP. Attach supporting documentation such as maps if necessary.

Best Management Practices

No BMP/COA Type

Description

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

Operator Comments:

[Empty box for Operator Comments]

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

Signed: _____ Print Name: Lisa Click
Title: Regulatory Tech Email: lclick.contractor@caerusoilandgas.com Date: 11/30/2022

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: 12/12/2022

CONDITIONS OF APPROVAL, IF ANY:

<u>COA Type</u>	<u>Description</u>
1 COA	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) Comply with any CDPHE, Air Pollution Control Division rules or requirements for all atmospheric discharges. 4) Any liquids blown down are to be collected, stored, handled, and treated or disposed as E&P waste per COGCC's 900 series rules. 5) At least one check valve is required for annular spaces that are tied to sales line or separator. Maintain equipment for pressure regulation and check valves in good working order. 6) At least one valve is required to monitor pressure and sample flow from the bradenhead. 7) Within 30 days of completing the work, submit a Form 4 Subsequent Report - Bradenhead Plan 5) Complete installation of BH monitoring system by 4/31/2023

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	<p>To operate this BH shut in please provide pressure build data on how long it takes to build to 611 psi. The last 2 years show the BH pressure reaching threshold pressure. If the pressure is not a slow build please consider an alternate mitigation method to keep the pressure below the threshold.</p> <p>Operator will mitigate pressure by connecting the BH to the sales line</p> <p>Pressure exceeds surface casing threshold pressure</p> <p>Surface casing approximate TVD 2035ft. X .3 psi/ft= 611 psi</p>	11/28/2022

Total: 1 comment(s)

Attachment List

<u>Att Doc Num</u>	<u>Name</u>
403237974	SUNDRY NOTICE APPROVED-OBJ
403244237	BRADENHEAD PLAN
403257428	FORM 4 SUBMITTED

Total Attach: 3 Files