

State of Colorado
Oil and Gas Conservation Commission

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DE	ET	OE	ES
Document Number: <u>403261948</u>			
Date Received: <u>12/20/2022</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>m Luke@terraep.com</u>

FORM 4 SUBMITTED FOR:

Facility Type: WELL

API Number : 05- 045 24485 00 ID Number: 480786

Name: FEDERAL Number: WMC 511-20

Location QtrQtr: SESW Section: 17 Township: 7S Range: 93W 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
480732	FEDERAL WMC 24-17

OGDP(s)

OGDP ID	OGDP Name
480230	FEDERAL WMC 24-17

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 Surface Location From	QtrQtr	<u>SESW</u>	Sec	<u>17</u>	Twp	<u>7S</u>	Range	<u>93W</u>	Meridian	<u>6</u>
New Surface Location To	QtrQtr		Sec		Twp		Range		Meridian	

FNL/FSL		FEL/FWL	
<u>246</u>	<u>FSL</u>	<u>1792</u>	<u>FWL</u>

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

1140 FNL

605 FWL

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

**

Current **Top of Productive Zone** Location

Sec 20

Twp 7S

Range 93W

New **Top of Productive Zone** Location

Sec

Twp

Range

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

FNL

FWL

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:**

1140 FNL

605 FWL

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

**

Current **Bottomhole** Location

Sec 20

Twp 7S

Range 93W

** 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

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 12/16/2022

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 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 Request to Complete/Waiver LTCO COA		

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 respectfully requests approval to start completion operations on the WMC 511-20 well on February 5, 2023. Attached please find the CBL, WBD, and temperature log.

TEP Rocky Mountain LLC (TEP) requests a waiver of the top of cement COA applied to the WMC 511-20 that requires cement coverage from the 4-1/2" production casing shoe to a minimum of 500 ft above the Lower Wasatch. The COGCC was notified of Low TOC prior to completions operations on 12/14/2022.

TEP believes that when a well has low static bradenhead pressure and adequate cement coverage above the shallowest perforation, introducing squeeze perforations above the cement top introduces risk for cross flow. Squeeze perforations are more likely to lose mechanical integrity than new casing over the life of the well due to normal operations. Unless there are sources of bradenhead pressure behind the casing to attempt to eliminate, TEP does not encourage compromising the mechanical integrity of new casing by creating cement perforations. Top of Cement is 6,592 ft, and top of planned top perforation is 8,481 ft. TEP has 1,889 ft of cement over the top perforation, which we believe to be adequate cement over the top perforation. Our recommendation would be to not remediate low TOC for this well. If we experience an increase in bradenhead pressure, we will address the issue accordingly, which may include remediation. The attached Form 17 Braden Test Report conducted on 12/06/2022 resulted in no flow and 0 psi of pressure.

Please see the Related Forms Tab for test results.

WELL: WMC 511-20
API: 05-045-24485
LOCATION: Section 17 T 7S-R93W

TEMP LOG RUN DATE: 9/19/2022
TOP OF CEMENT: 6,592'
TOP OF GAS: 8,481'
TOP OF PERF: 8,481'

09/19/2022 @ 04:30 / 0 PSI BRAIDEN HEAD @ 6 HRS
09/19/2022 @ 10:30 / 0 PSI BRAIDEN HEAD @ 12 HRS
09/19/2022 @ 22:30 / 0 PSI BRAIDEN HEAD @ 24 HRS
09/20/2022 @ 10:30 / 0 PSI BRAIDEN HEAD @ 36 HRS
09/20/2022 @ 22:30 / 0 PSI BRAIDEN HEAD @ 48 HRS
09/21/2022 @ 22:30 / 0 PSI BRAIDEN HEAD @ 72 HRS

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:

[Empty text box]

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.

[Empty text box]

Best Management Practices

No BMP/COA Type

Description

No BMP/COA Type	Description

Operator Comments:

[Empty text 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: Melissa Luke

Title: Regulatory Specialist Email: mluke@terraep.com Date: 12/20/2022

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: 1/10/2023

CONDITIONS OF APPROVAL, IF ANY:**COA Type****Description**

- 1) The COA requiring cement coverage 500' above the top of the Lower Wasatch is waived for this well. Operator is to monitor the bradenhead and notify COGCC engineering staff if the pressure exceeds 150 psi. Operator shall comply with the Notice to Operators Drilling Wells in the Buzzard, Mamm Creek, and Rulison fields, Garfield County and Mesa County – Procedures and Submittal Requirements for Compliance with COGCC Order Nos. 1-107, 139-56, 191- 22, and 369-2 (July 8, 2010).
- 2) Operator is to perform a bradenhead test and submit the results on a Form 17 within one month of this form approval.
- 3) 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.

1 COA

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

Engineer	<p>New Rules Require Monthly BH monitoring and annual testing</p> <p>Wellbore is isolated with a TOC at 6592 ft. and provides adequate zonal isolation based on wellbore construction, CBL review and bradenhead testing.</p> <p>A Form 17 DOC#403252777 was completed and submitted to the COGCC. 0 psi BH pressure reported</p> <p>1889 ft cement above top perf</p>	01/10/2023
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Total: 1 comment(s)

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

403261948	SUNDRY NOTICE APPROVED-OBJ-OTHER
403261994	OTHER
403264535	OTHER
403266710	WELLBORE DIAGRAM
403284722	FORM 4 SUBMITTED

Total Attach: 5 Files