

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

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109



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Date Received:			

**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>Scott Ghan</u>
Name of Operator: <u>TEP ROCKY MOUNTAIN LLC</u>	Phone: <u>(970) 263-2725</u>
Address: <u>1058 COUNTY ROAD 215</u>	Fax: ( )
City: <u>PARACHUTE</u> State: <u>CO</u> Zip: <u>81635</u>	Email: <u>sghan@terraep.com</u>

**FORM 4 SUBMITTED FOR:**

Facility Type: WELL

API Number : 05- 045 17690 00 ID Number: 299504

Name: BBC Number: 12A-24-692

Location QtrQtr: SENE Section: 23 Township: 6S Range: 92W Meridian: 6

County: GARFIELD Field Name: MAMM CREEK

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

**Location(s)**

Location ID	Location Name and Number
335442	BBC-66S92W 23SENE

**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	<input type="text" value="SENE"/>	Sec	<input type="text" value="23"/>	Twp	<input type="text" value="6S"/>	Range	<input type="text" value="92W"/>	Meridian	<input type="text" value="6"/>
New <b>Surface</b> Location <b>To</b>	QtrQtr	<input type="text"/>	Sec	<input type="text"/>	Twp	<input type="text"/>	Range	<input type="text"/>	Meridian	<input type="text"/>

FNL/FSL		FEL/FWL	
<input type="text" value="2302"/>	<input type="text" value="FNL"/>	<input type="text" value="204"/>	<input type="text" value="FEL"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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	<input type="text" value="24"/>	Twp	<input type="text" value="6S"/>	Range	<input type="text" value="92W"/>
New <b>Top of Productive Zone</b> Location	Sec	<input type="text"/>	Twp	<input type="text"/>	Range	<input type="text"/>

<input type="text" value="2480"/>	<input type="text" value="FNL"/>	<input type="text" value="665"/>	<input type="text" value="FWL"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\*\*

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:**

 2480 FNL 665 FWL

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>
ILES	ILES	191-10	320	W2			X	
WILLIAMS FORK	WMFK	191-8	320	W2			X	





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**



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: Scott Ghan  
Title: Sr. Regulatory Specialist Email: sghan@terraep.com Date: \_\_\_\_\_

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

COGCC Approved: \_\_\_\_\_ Date: \_\_\_\_\_

<b>CONDITIONS OF APPROVAL, IF ANY:</b>	
<b>COA Type</b>	<b>Description</b>
0 COA	

<b>General Comments</b>		
<b>User Group</b>	<b>Comment</b>	<b>Comment Date</b>
		Stamp Upon Approval

Total: 0 comment(s)

<b>Attachment List</b>	
<b>Att Doc Num</b>	<b>Name</b>

Total Attach: 0 Files