

**State of Colorado**  
**Energy & Carbon Management Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
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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>10670</u>	Contact Name <u>Katie Gillen</u>
Name of Operator: <u>BISON IV OPERATING LLC</u>	Phone: <u>(720) 370-5737</u>
Address: <u>518 17TH STREET SUITE 1800</u>	Fax: ( )
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>kgillen@bisonog.com</u>

**FORM 4 SUBMITTED FOR:**

Facility Type: LOCATION

API Number : 05- 123 00 ID Number: 477204

Name: Ancona Number: Pad

Location QtrQtr: NESE Section: 29 Township: 8N Range: 61W Meridian: 6

County: WELD Field Name: \_\_\_\_\_

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

**Location(s)**

Location ID	Location Name and Number
477204	Ancona Pad

**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 <b>Surface</b> Footage <b>From:</b>		FNL/FSL	FEL/FWL
Change of <b>Surface</b> Footage <b>To:</b>			
Current <b>Surface</b> Location <b>From</b>	QtrQtr <u>NESE</u> Sec <u>29</u>	Twp <u>8N</u> Range <u>61W</u>	Meridian <u>6</u>
New <b>Surface</b> Location <b>To</b>	QtrQtr _____ Sec _____	Twp _____ Range _____	Meridian _____
Change of <b>Top of Productive Zone</b> Footage <b>From:</b>			
Change of <b>Top of Productive Zone</b> Footage <b>To:</b>			**
Current <b>Top of Productive Zone</b> Location	Sec _____	Twp _____	Range _____
New <b>Top of Productive Zone</b> Location	Sec _____	Twp _____	Range _____

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





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.

**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**

\_\_\_\_\_

**SITE EQUIPMENT LIST UPDATES**

Indicate the number and type of major equipment components planned for use on this Oil and Gas Location:

Wells	7	Oil Tanks	14	Condensate Tanks	_____	Water Tanks	7	Buried Produced Water Vaults	_____
Drilling Pits	_____	Production Pits	_____	Special Purpose Pits	_____	Multi-Well Pits	_____	Modular Large Volume Tank	2
Pump Jacks	7	Separators	8	Injection Pumps	_____	Heater-Treaters	_____	Gas Compressors	2
Gas or Diesel Motors	7	Electric Motors	7	Electric Generators	2	Fuel Tanks	_____	LACT Unit	2
Dehydrator Units	_____	Vapor Recovery Unit	4	VOC Combustor	4	Flare	_____	Enclosed Combustion Devices	4
Meter/Sales Building	1	Pigging Station	_____	Vapor Recovery Towers	1				

**OTHER PERMANENT EQUIPMENT UPDATES**

Permanent Equipment Type	Number
Electrical Skid	1
Product Cooler	1
Blower/Oxygen Destructor	1
Scrubber	2
Knockouts	2
Instrument Air Skid	2

**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:

The additional equipment being requested are 1 separator, 1 product cooler, 2 knockouts, 2 scrubbers, 1 blower/oxygen destructor, 2 instrument air skids, 1 meter skid, and 1 electrical skid. All other equipment on location was previously permitted. The ground disturbance limits for the new facility design will not exceed what was approved on the Form 2A (Doc ID 401669129).

**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:

- |  |  |
|--|--|
| <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 OGD  |
| <input type="checkbox"/> 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**

No BMP/COA Type	Description

Operator Comments:

Bison plans to redesign the facility to update and improve facility design and reduce emissions by converting to no-bleed pneumatic controllers, electric compression, and installing tank vapor capture equipment. The updated equipment counts have been included in the Site Equipment List. The ground disturbance limits for the facility design will not exceed what was approved on the Form 2A (Doc ID 401669129). The additional equipment being requested are 1 separator, 1 product cooler, 2 knockouts, 2 scrubbers, 1 blower/oxygen destructor, 2 instrument air skids, 1 meter skid, and 1 electrical skid. All other equipment on location was previously permitted.

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

Signed: \_\_\_\_\_ Print Name: Bryce Maifeld  
 Title: Regulatory Analyst Email: bmaifeld@bisonog.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: \_\_\_\_\_

**CONDITIONS OF APPROVAL, IF ANY:**

<u>COA Type</u>	<u>Description</u>
0 COA	

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)

**Attachment List**

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files