

State of Colorado
Energy & Carbon Management Commission

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DE	ET	OE	ES
Document Number: <u>403565525</u>			
Date Received: <u>10/23/2023</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>10456</u>	Contact Name <u>Reed Haddock</u>
Name of Operator: <u>CAERUS PICEANCE LLC</u>	Phone: <u>(720) 880-6369</u>
Address: <u>1001 17TH STREET #1600</u>	Fax: <u>(303) 565-4606</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>rhaddock@caerusoilandgas.com</u>

FORM 4 SUBMITTED FOR:

Facility Type: WELL

API Number : 05- 103 12620 00 ID Number: 484060

Name: ELU A18 FED Number: 14A-7-495

Location QtrQtr: 3 Section: 18 Township: 4S Range: 95W Meridian: 6

County: RIO BLANCO Field Name: GRAND VALLEY

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

Location(s)

Location ID	Location Name and Number
483521	ELU A18-495 Pad

OGDP(s)

OGDP ID	OGDP Name
482776	ELU A18-495

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 39.709121 Longitude -108.105073

GPS Quality Value: 1.3 Type of GPS Quality Value: PDOP Measurement Date: 10/05/2023

Well Ground Elevation: 8038 feet (Required for change of Surface Location.)

WELL LOCATION CHANGE

Well plan is: DIRECTIONAL (Vertical, Directional, Horizontal)

Change of **Surface** Footage **From:**

Change of **Surface** Footage **To:**

Current Surface Location From	QtrQtr	<u>3</u>	Sec	<u>18</u>	Twp	<u>4S</u>	Range	<u>95W</u>	Meridian	<u>6</u>
New Surface Location To	QtrQtr	<u>3</u>	Sec	<u>18</u>	Twp	<u>4S</u>	Range	<u>95W</u>	Meridian	<u>6</u>

FNL/FSL		FEL/FWL	
<u>209</u>	<u>FNL</u>	<u>757</u>	<u>FWL</u>
<u>200</u>	<u>FNL</u>	<u>731</u>	<u>FWL</u>

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

2043 FSL

1415 FWL

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

2018 FSL

2467 FEL

**

Current **Top of Productive Zone** Location

Sec 7

Twp 4S

Range 95W

New **Top of Productive Zone** Location

Sec 7

Twp 4S

Range 95W

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

FSL

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:**

2009 FSL

1321 FWL

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

1968 FSL

2553 FEL

**

Current **Bottomhole** Location

Sec 7

Twp 4S

Range 95W

** attach deviated drilling plan

New **Bottomhole** Location

Sec 7

Twp 4S

Range 95W

SAFETY SETBACK INFORMATION

Required for change of Surface Location.

Distance from Well to nearest:

Building: 4425 Feet
 Building Unit: 5280 Feet
 Public Road: 3042 Feet
 Above Ground Utility: 5280 Feet
 Railroad: 5280 Feet
 Property Line: 4527 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? Yes

If YES:

Enter the minimum distance from the Completed Zone of this Well to the Unit Boundary: 5280 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: 270 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 01/08/2024

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 checked="" 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 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:

The directional plan, data, and Location Survey Plat have been revised.

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

Casing Type	Size of Hole	Size of Casing	Grade	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top
CONDUCTOR	30	20	A252	54#	0	100	218	100	0
SURF	14+3/4	9+5/8	J55	36#	0	3500	822	3500	1400
1ST	8+3/4	4+1/2	HCP110	11.6#	0	14027	1542	14027	4200
		9+5/8		Stage Tool		1400	312	1400	0

POTENTIAL FLOW AND CONFINING FORMATIONS

Zone Type	Formation /Hazard	Top M.D.	Top T.V.D.	Bottom M.D.	Bottom T.V.D.	TDS (mg/L)	Data Source	Comment
Groundwater	Green River	0	0	3600	3406	501-1000	CGS	
Confining Layer	Wasatch	3619	3424	7070	6647			
Hydrocarbon	Wasatch G	7070	6647	7391	6947			The Wasatch G is a nonproductive zone in the referenced area of the basin.
Confining Layer	Fort Union	7391	6947	9379	8835			
Hydrocarbon	Ohio Creek	9379	8835	9980	9435	>10000	Produced Water Sample	
Hydrocarbon	Williams Fork	9980	9435	13060	12515	>10000	Produced Water Sample	
Hydrocarbon	Cameo	13060	12515	13727	13182	>10000	Produced Water Sample	
Hydrocarbon	Rollins	13727	13182	14027	13482	>10000	Produced Water Sample	

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:

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

Signed: _____ Print Name: Reed Haddock
 Title: Regulatory Advisor Email: rhaddock@caerusoilandgas.com Date: 10/23/2023

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

COGCC Approved: Buchanan, Fenton Date: 12/7/2023

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

1 COA	1) Operator shall comply with the most current revision of the Northwest Notification Policy. 2) During stimulation, operator shall monitor the bradenhead, casing, and tubing pressure of the proposed well and all offset wells under Operator's control which penetrate the stimulated formation and have a treated interval separation of 300 feet or less. Operator shall notify COGCC Engineering staff if bradenhead pressures increase by more than 200 psig.
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General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	<p>Offset water well check: COGCC evaluated offset water wells within one mile of this proposed well's surface hole location. This information in addition to locally-available geophysical logs and hydrogeologic information was used to evaluate the adequacy of the operator's proposed surface casing setting depth. None of the water wells within one mile is for domestic use.</p> <p>Offset Well Evaluation: There are no existing offset oil and gas wells within 1,500 feet of this wellbore.</p>	12/06/2023

Total: 1 comment(s)

Attachment List

<u>Att Doc Num</u>	<u>Name</u>
403565525	SUNDRY NOTICE APPROVED-LOC-SFTY-STBK-MNRL-STBK-OBJ-DRLG-CSG
403565527	WELL LOCATION PLAT
403565540	DIRECTIONAL DATA
403565552	DEVIATED DRILLING PLAN
403617480	FORM 4 SUBMITTED

Total Attach: 5 Files