

State of Colorado
Energy & Carbon Management Commission

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| | | | |
|--------------------------------------|----|----|----|
| DE | ET | OE | ES |
| Document Number: 403673876 | | | |
| Date Received: 02/01/2024 | | | |

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>17180</u> | Contact Name <u>Jessica Zarco</u> |
| Name of Operator: <u>CITATION OIL & GAS CORP</u> | Phone: <u>(281) 891-1565</u> |
| Address: <u>14077 CUTTEN RD</u> | Fax: () |
| City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77069</u> | Email: <u>JZarco@cogc.com</u> |

FORM 4 SUBMITTED FOR:

Facility Type: WELL

API Number : 05- 017 06507 00 ID Number: 207572

Name: MPU Number: 22-35

Location QtrQtr: SENW Section: 35 Township: 13S Range: 48W Meridian: 6

County: CHEYENNE Field Name: MOUNT PEARL

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

Location(s)

| Location ID | Location Name and Number |
|-------------|--------------------------|
| 321627 | MPU-613S48W 35SENW |

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)

| | | | | | | | | | | |
|--|--------|-------------|-----|-----------|-----|------------|-------|------------|----------|----------|
| | | | | FNL/FSL | | FEL/FWL | | | | |
| Change of Surface Footage From: | | | | 1983 | FNL | 1978 | FWL | | | |
| Change of Surface Footage To: | | | | | | | | | | |
| Current Surface Location From | QtrQtr | <u>SENW</u> | Sec | <u>35</u> | Twp | <u>13S</u> | Range | <u>48W</u> | Meridian | <u>6</u> |
| New Surface Location To | QtrQtr | | Sec | | Twp | | Range | | Meridian | |
| Change of Top of Productive Zone Footage From: | | | | | | | | | | |
| Change of Top of Productive Zone Footage To: | | | | | | | | | | ** |
| Current Top of Productive Zone Location | | | Sec | | Twp | | Range | | | |
| New Top of Productive Zone 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

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> |
|----------------------------|-----------------------|-----------------------------|---------------------|---------------------------|------------|---------------|------------------|---------------|
| MORROW B | MRRWB | 0 | 40 | SENW | | | X | |

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 02/01/2024

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 type="checkbox"/> Change Drilling Plan | <input checked="" 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:

Citation Oil & Gas Corp. requests approval to repair casing leak that was identified from 3066'-3100'. Below is the proposed procedure and attached will be the proposed & Current WBD.

1. PU PKR & RBP, TIH set RBP at 5,260' & PKR at 2,937.'
2. MIRU Cement Truck
3. Establish inj rate Mix & Pump 75 sx, Max squeeze pressure 1,300#
4. Maintain pressure on squeeze, once confident squeeze will hold release pressure and reverse out.
5. Reset pkr 2,612' pressure well to 500PSI, leave shut-in 24 hrs
6. TIH w/ 4 drill collars and bit,
 - a. If cement is wet/soft, allow cement to cure an additional 24 hours
 - b. If cement is hard proceed to step 7
7. Drill out cement squeeze, negative test the squeeze to ensure integrity.
 - a. If squeeze fails, repeat steps 1-5
 - b. If passes proceed to step 8
8. TIH w/ Perf Gun Perf intervals: 2,220'-21' & 1,730-31' w/ 3 SPF 120° Phasing Angle Perf Gun, TOH w/ spent guns.
9. MIRU Cmt Trk
10. PU CICR, TIH set at 2,200'
11. Sting into CIRC Mix & Pump 60 sx thru CICR, Sting out CICR, TOOH
12. TOH PU PKR, TIH set at 1,700'
13. Sting into CIRC Mix & Pump 40 sx thru CICR, Sting out CICR TOOH
14. Drill out cement squeeze, negative test the squeeze to ensure integrity.
 - a. If squeeze fails, contact Engineer.
15. Run CBL from 2,250 -1,600', send well to ECMC & COGC engineer.
 - a. If passes RTP Well
 - b. If fails, new plan will be established.

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 for other location changes and updates]

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 for detailed description of changes]

Best Management Practices

No BMP/COA Type

Description

| No BMP/COA Type | Description |
|-----------------|-------------|
| | |

Operator Comments:

Reached out to Karen Voltura for verbal approval and she informed us that she does not have any concerns with the planned repair work in Cheyenne as we are outside the breeding season for the species mapped to this location.

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

Signed: _____ Print Name: Jessica Zarco
 Title: Regulatory Analyst II Email: JZarco@cogc.com Date: 2/1/2024

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

COGCC Approved: Wolfe, Stephen Date: 2/1/2024

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

| | |
|-------|---|
| | 42(MIRU) previously filed. Report newly cemented intervals along with CBL on a Form 5 in 30 days. Update WBD with next Form 17 submittal. |
| 1 COA | |

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|--|---------------------|
| Engineer | Return to draft for Operator to check box for Subsequent well operations with heavy equipment (Rule 312). The form will not route to OGLA for their review without it being checked. | 02/01/2024 |

Total: 1 comment(s)

Attachment List

| <u>Att Doc Num</u> | <u>Name</u> |
|--------------------|--|
| 403673876 | SUNDRY NOTICE APPROVED-OBJ-SBSQ-OPS-REPAIR |
| 403673884 | PROPOSED PROCEDURE |
| 403674105 | WELLBORE DIAGRAM |
| 403674106 | WELLBORE DIAGRAM |
| 403674686 | FORM 4 SUBMITTED |

Total Attach: 5 Files