

State of Colorado
Energy & Carbon Management Commission

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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>Caden Andrews</u>
Name of Operator: <u>CAERUS PICEANCE LLC</u>	Phone: <u>(720) 547-8748</u>
Address: <u>1001 17TH STREET #1600</u>	Fax: ()
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>candrews@caerusoilandgas.com</u>

FORM 4 SUBMITTED FOR:

Facility Type: WELL

API Number : 05- 045 15347 00 ID Number: 294263

Name: N.PARACHUTE Number: EF13C-29 I30 59

Location QtrQtr: NESE Section: 30 Township: 5S Range: 95W Meridian: 6

County: GARFIELD Field Name: GRAND VALLEY

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

Location(s)

Location ID	Location Name and Number
335588	EF I30 595

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:			<input type="text" value="1890"/>	<input type="text" value="FSL"/>	<input type="text" value="582"/>	<input type="text" value="FEL"/>
Change of Surface Footage To:			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Surface Location From	QtrQtr <input type="text" value="NESE"/>	Sec <input type="text" value="30"/>	Twp <input type="text" value="5S"/>	Range <input type="text" value="95W"/>	Meridian <input type="text" value="6"/>	
New Surface Location To	QtrQtr <input type="text"/>	Sec <input type="text"/>	Twp <input type="text"/>	Range <input type="text"/>	Meridian <input type="text"/>	
Change of Top of Productive Zone Footage From:			<input type="text" value="733"/>	<input type="text" value="FSL"/>	<input type="text" value="559"/>	<input type="text" value="FWL"/>
Change of Top of Productive Zone Footage To:			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Top of Productive Zone Location		Sec <input type="text" value="29"/>	Twp <input type="text" value="5S"/>	Range <input type="text" value="95W"/>		
New Top of Productive Zone Location		Sec <input type="text"/>	Twp <input type="text"/>	Range <input type="text"/>		

**

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:**

 733 FSL 559 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>
WILLIAMS FORK	WMFK	479-15, 51					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 _____

SUBSEQUENT REPORT Date of Activity 02/05/2024

- | | | |
|---|--|--|
| <input checked="" 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 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:

After an internal review, it was noticed a bradenhead mitigation plan was implemented and a Form 4 was missing. The N PARACHUTE EF13C-29 I30 595 (API: 05-045-15347) has a tied in bradenhead to bleed down to line pressure. The surface casing had a tie-in mitigation strategy implemented between 2010-2015 and has remained tied in since. Caerus Oil & Gas proposes to make no changes to the bradenhead tied into the sales line. This Form 4 is being submitted to ensure a record exists noting the implemented pressure management plan. Note: static pressures on the production casing string during the bradenhead blow-down test confirm casing integrity is not compromised.

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:

[Empty text box for 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 location changes]

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:

- 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 OGDP
- Other

Provide a detailed description of the changes being proposed for this OGDP. Attach supporting documentation such as maps if necessary.

[Empty text box for proposed changes description]

Best Management Practices

No BMP/COA Type

Description

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: Lisa Click
Title: Regulatory Analyst Email: lclick@caerusoilandgas.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:	
COA Type	Description
0 COA	

General Comments		
User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)

Attachment List	
Att Doc Num	Name

Total Attach: 0 Files