



<div>FORM 4 Rev 03/22</div>	<div>State of Colorado Energy & Carbon Management Commission 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109</div>	<div></div>	<table><tr><td>DE</td><td>ET</td><td>OE</td><td>ES</td></tr></table> <div>Document Number: <u>403826503</u> Date Received:</div>	DE	ET	OE	ES
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SUNDRY NOTICE

This form is required for reports, updates, and requests as specified in the ECMC rules. It is also used to request changes to some aspects of approved permits for Wells and Oil and Gas Locations.

ECMC Operator Number:	<u>10433</u>	Contact Name	<u>Wayne P Bankert</u>
Name of Operator:	<u>LARAMIE ENERGY LLC</u>	Phone:	<u>(970) 812-5310</u>
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City:	<u>DENVER</u>	State:	<u>CO</u>
		Zip:	<u>80203</u>
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FORM 4 SUBMITTED FOR:

Facility Type: WELL

API Number : 05-0452406500 ID Number: 457331

Name: CC Number: 0697-03-25W

Location QtrQtr: NESW Section: 3 Township: 6S Range: 97W 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
335647	Cascade Creek (CC) 0603-23-32

OGDP(s)

OGDP ID	OGDP Name
481179	2021 Cascade Creek Oil and Gas DP

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 39.549020 Longitude -108.210228

GPS Quality Value: 1.4 Type of GPS Quality Value: PDOP Measurement Date: 11/02/2020

Well Ground Elevation: 8624 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>NESW</u>	Sec	<u>3</u>	Twp	<u>6S</u>	Range	<u>97W</u>	Meridian	<u>6</u>
New Surface Location To	QtrQtr	<u>NESW</u>	Sec	<u>3</u>	Twp	<u>6S</u>	Range	<u>97W</u>	Meridian	<u>6</u>

	FNL/FSL		FEL/FWL
<u>1546</u>	<u>FSL</u>	<u>1457</u>	<u>FWL</u>
<u>1579</u>	<u>FSL</u>	<u>1480</u>	<u>FWL</u>

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

857 FSL

1949 FWL

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

857 FSL

1949 FWL

**

Current **Top of Productive Zone** Location

Sec 3

Twp 6S

Range 97W

New **Top of Productive Zone** Location

Sec 3

Twp 6S

Range 97W

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

857 FSL

1949 FWL

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

857 FSL

1949 FWL

**

Current **Base of Productive Zone** Location

Sec 3

Twp 6S

Range 97W

New **Base of Productive Zone** Location

Sec 3

Twp 6S

Range 97W

Change of **Bottomhole** Footage **From:**

857 FSL

1949 FWL

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

857 FSL

1949 FWL

**

Current **Bottomhole** Location

Sec 3

Twp 6S

Range 97W

** attach deviated drilling plan

New **Bottomhole** Location

Sec 3

Twp 6S

Range 97W

SAFETY SETBACK INFORMATION

Required for change of Surface Location.

Distance from Well to nearest:

Building: 5280 Feet
Building Unit: 5280 Feet
Public Road: 5280 Feet
Above Ground Utility: 5280 Feet
Railroad: 5280 Feet
Property Line: 1487 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: 1286 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: 265 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

This is a Surface Location change only. The existing approved permit (045-24510) for this well spot will be abandoned. Reference document No. 403826551

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>	Add	Modify	No Change	Delete
WILLIAMS FORK-ILES	WFILS	510-70	871	All(Lots 5-16,SEC 2)			X	

OTHER

☐ **RULE 502 VARIANCE**

Order Number: _____

Description: _____

☐ **REMOVE FROM SURFACE BOND** Signed surface use agreement is a required attachment☐ **CHANGE NAME OR NUMBER OF WELL, FACILITY, OIL & GAS LOCATION, OR OGD**

From: Name CC _____ Number 0697-03-25W _____ Effective Date: _____

To: Name _____ Number _____

☐ **ABANDON PERMIT: Permit can only be abandoned if the permitted operation has NOT been conducted. Field inspection will be conducted to verify site status.**☐ WELL: Abandon Application for Permit-to-Drill (Form2) – Well API Number _____ has not been drilled.☐ PIT: Abandon Earthen Pit Permit (Form 15) – ECMC Pit Facility ID Number _____ has not been constructed (Permitted and constructed pit requires closure per Rule 911)☐ CENTRALIZED E&P WASTE MANAGEMENT FACILITY: Abandon Centralized E&P Waste Management Facility Permit (Form 28) – Facility ID Number _____ has not been constructed (Constructed facility requires closure per Rule 907)

OIL & GAS LOCATION ID Number: _____

☐ Abandon Oil & Gas Location Assessment (Form 2A) – Location has not been constructed and site will not be used in the future.☐ Keep Oil & Gas Location Assessment (Form 2A) active until expiration date. This site will be used in the future.**Surface disturbance from Oil and Gas Operations must be reclaimed per Rule 1003 and Rule 1004.**☐ **REQUEST FOR WELL RECORDS CONFIDENTIALITY (Rule 206.c.(1))**☐ **DIGITAL WELL LOG UPLOAD**☐ **DOCUMENTS SUBMITTED** Purpose of Submission: _____☐ **COMPLIANCE with CONDITION OF APPROVAL (COA) on** Form NO: _____ Document Number: _____

RECLAMATION

INTERIM RECLAMATION

☐ Interim Reclamation will commence approximately _____

Per Rule 1003.e.(3) operator shall submit Sundry Notice reporting interim reclamation is complete and site is ready for inspection when vegetation reaches 80% coverage.

☐ Interim reclamation complete, site ready for inspection.
Per Rule 1003.e(3) describe interim reclamation procedure in Comments below or provide as an attachment and attach required location photographs.**Field inspection will be conducted to document Rule 1003.e. compliance**

FINAL RECLAMATION

☐ Final Reclamation will commence approximately _____

Per Rule 1004.c.(4) operator shall submit Sundry Notice reporting final reclamation is complete and site is ready for inspection when vegetation reaches 80% coverage.

☐

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 _____

☐ **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 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:

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 OGDG 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:

- | | |
|--|--|
| <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 OGDG |
| <input type="checkbox"/> 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

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Operator Comments:

The surface hole location for this well is being relocated to an existing conductor set for well CC 0697-04-12E. That well is being abandoned. Reference Doc. No. 403826551

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

Signed: _____ Print Name: Wayne P Bankert
Title: Reg & Env. Manager Email: wbankert@laramie-energy.com Date: _____

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

ECMC Approved: _____ Date: _____

CONDITIONS OF APPROVAL, IF ANY LIST

<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>
403830732	DIRECTIONAL SURVEY
403830733	DIRECTIONAL SURVEY
403830734	DIRECTIONAL DATA
403833091	DIRECTIONAL WELL PLAT

Total Attach: 4 Files