

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

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Document Number: <b>403826537</b>			
Date Received:			

**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>
Address: <u>1700 LINCOLN ST STE 3950</u>	Fax: <u>( )</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u>	Email: <u>wbankert@laramie-energy.com</u>

**FORM 4 SUBMITTED FOR:**

Facility Type: WELL

API Number : 05- 045 24081 00 ID Number: 457347

Name: CC Number: 0697-03-23W

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 39.549039      Longitude -108.210202

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**:

				FNL/FSL		FEL/FWL				
Current <b>Surface</b> Location <b>From</b>	QtrQtr	<u>NESW</u>	Sec	<u>3</u>	Twp	<u>6S</u>	Range	<u>97W</u>	Meridian	<u>6</u>
New <b>Surface</b> Location <b>To</b>	QtrQtr	<u>NESW</u>	Sec	<u>3</u>	Twp	<u>6S</u>	Range	<u>97W</u>	Meridian	<u>6</u>

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

1150 FSL

1921 FWL

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

1150 FSL

1921 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:**

1150 FSL

1921 FWL

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

1150 FSL

1921 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:**

1150 FSL

1921 FWL

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

1150 FSL

1921 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: 1494 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: 1150 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: 295 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

The surface hole location for this well is being relocated to an existing conductor set for well CC 0697-04-11E (045-24512). That well is being abandoned. Reference Doc. No. 403826511



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 \_\_\_\_\_ 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 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:

- |  |  |
|--|--|
| <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 OGDP |
| <input type="checkbox"/> Other   |  |

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

**Best Management Practices**

**No BMP/COA Type**

**Description**

<b><u>No BMP/COA Type</u></b>	<b><u>Description</u></b>

Operator Comments:

The surface hole location for this well is being relocated to an existing conductor set for well CC 0697-04-11E. That well is being abandoned. Reference Doc. No. 403826511

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**

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

### **General Comments**

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

Total: 0 comment(s)

### **ATTACHMENT LIST**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
403830756	DIRECTIONAL SURVEY
403830757	DIRECTIONAL SURVEY
403833082	DIRECTIONAL WELL PLAT
403839833	DIRECTIONAL DATA

Total Attach: 4 Files