

State of Colorado
Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
Document Number: 402220879			
Date Received: 10/24/2019			

SUNDRY NOTICE

Submit a signed original. This form is to be used for general, technical and environmental sundry information. For proposed or completed operations, describe in full in Comments or provide as an attachment. Identify Well by API Number; identify Oil and Gas Location by Location ID Number; identify other Facility by Facility ID Number.

ECMC Operator Number: 10128 Contact Name Kirsten Derr
 Name of Operator: BARGATH LLC Phone: (970) 285-5435
 Address: 2717 COUNTY ROAD 215 SUITE 200 Fax: ()
 City: PARACHUTE State: CO Zip: 81635 Email: kirsten.derr@williams.com

Complete the Attachment
Checklist

OP ECMC

API Number : 05- 045 00 ECMC Facility ID Number: 424528
 Well/Facility Name: HEATH COMPRESSOR STATION #2 Well/Facility Number: _____
 Location QtrQtr: SENE Section: 28 Township: 6S Range: 94W Meridian: 6
 County: GARFIELD Field Name: RULISON
 Federal, Indian or State Lease Number: _____

Survey Plat		
Directional Survey		
Srfc Eqpmt Diagram		
Technical Info Page		
Other		

CHANGE OF LOCATION OR AS BUILT GPS REPORT

- Change of Location * As-Built GPS Location Report As-Built GPS Location Report with Survey

* Well location change requires new plat. A substantive surface location change may require new Form 2A.

SURFACE LOCATION GPS DATA Data must be provided for Change of Surface Location and As Built Reports.

Latitude _____ GPS Quality Value: _____ Type of GPS Quality Value: PDOP Measurement Date: _____
 Longitude _____ GPS Instrument Operator's Name _____

LOCATION CHANGE (all measurements in Feet)

Well will be: _____ (Vertical, Directional, Horizontal)

Change of **Surface Footage From** Exterior Section Lines: FNL/FSL FEL/FWL

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Change of **Surface Footage To** Exterior Section Lines: FNL/FSL FEL/FWL

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Current **Surface Location From** QtrQtr Sec Twp Range Meridian

New **Surface Location To** QtrQtr Sec Twp Range Meridian

Change of **Top of Productive Zone Footage From** Exterior Section Lines: FNL/FSL FEL/FWL

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Change of **Top of Productive Zone Footage To** Exterior Section Lines: FNL/FSL FEL/FWL

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Current **Top of Productive Zone Location From** Sec Twp Range

New **Top of Productive Zone Location To** Sec Twp Range

Change of **Bottomhole Footage From** Exterior Section Lines: FNL/FSL FEL/FWL

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Change of **Bottomhole Footage To** Exterior Section Lines: FNL/FSL FEL/FWL

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Current **Bottomhole Location** Sec Twp Range ** attach deviated drilling plan

New **Bottomhole Location** Sec Twp Range

Is location in High Density Area? _____
 Distance, in feet, to nearest building _____, public road: _____, above ground utility: _____, railroad: _____,
 property line: _____, lease line: _____, well in same formation: _____

Ground Elevation _____ feet Surface owner consultation date _____

OTHER CHANGES

REMOVE FROM SURFACE BOND Signed surface use agreement is a required attachment

CHANGE OF WELL, FACILITY OR OIL & GAS LOCATION NAME OR NUMBER

From: Name HEATH COMPRESSOR STATION Number _____ Effective Date: _____
#2

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 905)

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 908)

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 CONFIDENTIAL STATUS

DIGITAL WELL LOG UPLOAD

DOCUMENTS SUBMITTED Purpose of Submission: _____

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

NOTICE OF CONTINUED TEMPORARILY ABANDONED STATUS

Indicate why the well is temporarily abandoned and describe future plans for utilization in the COMMENTS box below or provide as an attachment, as required by Rule 319.b.(3).

Date well temporarily abandoned _____ Has Production Equipment been removed from site? _____

Mechanical Integrity Test (MIT) required if shut in longer than 2 years. Date of last MIT _____

SPUD DATE: _____

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 Approximate Start Date _____

REPORT OF WORK DONE Date Work Completed _____

- | | | |
|--|---|--|
| <input type="checkbox"/> Intent to Recomplete (Form 2 also required) | <input type="checkbox"/> Request to Vent or Flare | <input type="checkbox"/> E&P Waste Mangement Plan |
| <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"/> Rule 502 variance requested. Must provide detailed info regarding request. | |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases | |

COMMENTS:

Empty text box for comments.

H2S REPORTING

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:

Empty text box for sample point description.

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.):

Empty text box for release potential and duration description.

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:

Best Management Practices

No BMP/COA Type

Description

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Operator Comments:

Request removal of this location. This is a duplicate of Heath Compressor Station #1. No associated documents could be found.

There is no Heath Compressor Station #2

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

Signed: _____ Print Name: Kirsten Derr

Title: Environmental Specialist Email: kirsten.derr@williams.com Date: 10/24/2019

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

ECMC Approved: Lutz, Deborah Date: 9/27/2024

CONDITIONS OF APPROVAL, IF ANY LIST

COA Type

Description

0 COA	

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Routing Review	A task has been opened for the Financial Assurance Group to review the information provided by the operator.	10/25/2019

Total: 1 comment(s)

ATTACHMENT LIST

<u>Att Doc Num</u>	<u>Name</u>
402220879	SUNDRY NOTICE APPROVED
403937890	FORM 4 SUBMITTED

Total Attach: 2 Files