

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: 402785166			
Date Received: 08/18/2021			

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: 10027 Contact Name Linda Gordon
 Name of Operator: C & J FIELD SERVICES Phone: (970) 629-1116
 Address: 3650 COUNTY RD #2 Fax: (970) 675-8558
 City: RANGELY State: CO Zip: 81648 Email: lcgordon1@yahoo.com

Complete the Attachment
Checklist

OP ECMC

API Number : 05- 103 09805 00 ECMC Facility ID Number: 232134
 Well/Facility Name: BANTA RIDGE 5-1-103 Well/Facility Number: 1
 Location QtrQtr: NWSW Section: 5 Township: 1S Range: 103W Meridian: 6
 County: RIO BLANCO Field Name: BANTA RIDGE
 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: _____ Measurement Date: _____
 Longitude _____

LOCATION CHANGE (all measurements in Feet)

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

Change of **Surface** Footage **From** Exterior Section Lines:

FNL/FSL		FEL/FWL	
1464	FSL	297	FWL

Change of **Surface** Footage **To** Exterior Section Lines:

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Current **Surface** Location **From** QtrQtr NWSW Sec 5

Twp <u>1S</u>	Range <u>103W</u>	Meridian <u>6</u>
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New **Surface** Location **To** QtrQtr _____ Sec _____

Twp _____	Range _____	Meridian _____
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Change of **Top of Productive Zone** Footage **From** Exterior Section Lines:

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Change of **Top of Productive Zone** Footage **To** Exterior Section Lines:

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Current **Top of Productive Zone** Location **From** Sec _____

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

Twp _____	Range _____
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Change of **Bottomhole** Footage **From** Exterior Section Lines:

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Change of **Bottomhole** Footage **To** Exterior Section Lines:

				**
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Current **Bottomhole** Location Sec _____ Twp _____

Range _____	** attach deviated drilling plan
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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 _____

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"/> Bradenhead Plan | <input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases | |
| <input type="checkbox"/> Other _____ | | |

COMMENTS:

CASING PROGRAM

(No Casing Provided)

POTENTIAL FLOW AND CONFINING FORMATIONS

(No Casing Provided)

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:

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:

<u>Best Management Practices</u>		
<u>No</u>	<u>BMP/COA Type</u>	<u>Description</u>

Operator Comments:

[Empty box for operator comments]

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

Signed: _____ Print Name: Linda Gordon
Title: office _____ Email: lcgordon1@yahoo.com _____ Date: 8/18/2021

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

ECMC Approved: Murray, Richard _____ Date: 10/11/2024

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>
Permit	A task for engineering to review this document has been added.	08/19/2021

Total: 1 comment(s)

ATTACHMENT LIST

<u>Att Doc Num</u>	<u>Name</u>
402785166	SUNDRY NOTICE APPROVED-DOC
402785170	PRESSURE TEST
403954419	FORM 4 SUBMITTED

Total Attach: 3 Files