

**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:<br><b>404027248</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>10456</u>                     | Contact Name <u>Caden Andrews</u>    |
| Name of Operator: <u>CAERUS PICEANCE LLC</u>           | Phone: <u>(214) 507-9752</u>         |
| Address: <u>1001 17TH STREET #1600</u>                 | Fax: ( )                             |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> | Email: <u>candrews@qb-energy.com</u> |

**FORM 4 SUBMITTED FOR:**

Facility Type: WELL

API Number : 05- 045 14058 00 ID Number: 290255

Name: HYRUP Number: 2-44D

Location QtrQtr: SWSE Section: 2 Township: 8S Range: 96W 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 |
|-------------|--------------------------|
| 334103      | HYRUP 2-34B              |

**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 <b>Surface</b> Footage <b>From:</b>                |  |                                    |                                     | <input type="text" value="351"/>       | <input type="text" value="FSL"/>        | <input type="text" value="1647"/> | <input type="text" value="FEL"/> |
| Change of <b>Surface</b> Footage <b>To:</b>                  |  |                                    |                                     | <input type="text"/>                   | <input type="text"/>                    | <input type="text"/>              | <input type="text"/>             |
| Current <b>Surface</b> Location <b>From</b>                  | QtrQtr <input type="text" value="SWSE"/> | Sec <input type="text" value="2"/> | Twp <input type="text" value="8S"/> | Range <input type="text" value="96W"/> | Meridian <input type="text" value="6"/> |                                   |                                  |
| New <b>Surface</b> Location <b>To</b>                        | QtrQtr <input type="text"/>              | Sec <input type="text"/>           | Twp <input type="text"/>            | Range <input type="text"/>             | Meridian <input type="text"/>           |                                   |                                  |
| Change of <b>Top of Productive Zone</b> Footage <b>From:</b> |  |                                    |                                     | <input type="text" value="139"/>       | <input type="text" value="FSL"/>        | <input type="text" value="688"/>  | <input type="text" value="FEL"/> |
| Change of <b>Top of Productive Zone</b> Footage <b>To:</b>   |  |                                    |                                     | <input type="text"/>                   | <input type="text"/>                    | <input type="text"/>              | <input type="text"/>             |
| Current <b>Top of Productive Zone</b> Location               |  | Sec <input type="text" value="2"/> | Twp <input type="text" value="8S"/> | Range <input type="text" value="96W"/> |   |                                   |                                  |
| New <b>Top of Productive Zone</b> Location                   |  | Sec <input type="text"/>           | Twp <input type="text"/>            | Range <input type="text"/>             |   |                                   |                                  |

\*\*

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

 FSL FEL

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:**

 139 FSL 688 FEL

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> |
|----------------------------|-----------------------|-----------------------------|---------------------|---------------------------|------------|---------------|------------------|---------------|
| ILES                       | ILES                  | 139-51                      | 40                  | SESE                      |            |               | X                |               |
| WILLIAMS FORK              | WMFK                  | 139-45                      | 40                  | SESE                      |            |               | 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 12/13/2024

SUBSEQUENT REPORT      Date of Activity \_\_\_\_\_

- |   |  |  |
|---|--|--|
| <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:**

- Existing PMP: No, Doc ID: N/A
- PMP: Annual BH Testing w/ PT SCADA Monitoring
- Wellname (API): Hyrup 2-44D (05-045-14058)
- ISCP/FSCP: 145 psi / 0 psi
- IICP/FICP: N/A
- LP: ~50 psi
- Threshold SC/IC: 450 psi / N/A
- Failure: Final Flow Conditions=Whisper (Form 17: 403879882 on 8/6/24)
- Diagnostics: Pressure Bleed Down & Build-Up Test / Monthly AVOs
- Comments: The SCP bled down to 0 psi, however, did have a slight whisper coming from the valve during the 2024 annual BH test. We plan to continue with monthly monitoring and Annual Bradenhead Testing on a Form 17 along with PT monitoring. We are in line with previous BH pressures and have no integrity concerns across the strings at this time. We will reevaluate each month during AVOs and yearly during BH testing, if needed. SC shoe @ 1,502'. TOC: ~3,450'.

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**

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: Lisa Click  
Title: PM Email: lisa@fieldinghillllc.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

**COA Type**

**Description**

| COA Type | Description |
|----------|-------------|
| 0 COA    |             |

### General Comments

**User Group**

**Comment**

**Comment Date**

| User Group | Comment | Comment Date        |
|------------|---------|---------------------|
|            |         | Stamp Upon Approval |

Total: 0 comment(s)

### ATTACHMENT LIST

**Att Doc Num**

**Name**

| Att Doc Num | Name |
|-------------|------|
|             |      |

Total Attach: 0 Files