

FORM
4
Rev
03/22

State of Colorado

Energy & Carbon Management Commission

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

DE

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OE

ES

Document Number:

404108194

Date Received:

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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: 96850

Contact Name MELISSA LUKE

Name of Operator: TEP ROCKY MOUNTAIN LLC

Phone: (970) 263-2721

Address: 1058 COUNTY ROAD 215

Fax: ()

City: PARACHUTE State: CO Zip: 81635

Email: MLUKE@TERRAEP.COM

FORM 4 SUBMITTED FOR:

Facility Type: WELL

API Number : 05- 103 12580 00 ID Number: 483223

Name: FEDERAL Number: RG 512-18-297

Location QtrQtr: LOT 12 Section: 13 Township: 2S Range: 98W Meridian: 6

County: RIO BLANCO Field Name: SULPHUR CREEK

Oil & Gas Location(s) and Oil & Gas Development Plan (OGDP) Information

Location(s)

Location ID	Location Name and Number
315513	FEDERAL 298-13-1

OGDP(s)

OGDP ID	OGDP Name
482485	Ryan Gulch Phase 2

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)

Change of Surface Footage From:

Change of Surface Footage To:

Current Surface Location From

New Surface Location To

FNL/FSL

959

FSL

FEL/FWL

1070

FEL

QtrQtr

LOT 12

Sec

13

Twp

2S

Range

98W

Meridian

6

QtrQtr

Sec

Twp

Range

Meridian

Date Run: 2/26/2025 Doc [#404108194]

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

2632 FNL

1011 FWL

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

**

Current **Top of Productive Zone** Location

Sec 18

Twp 2S

Range 97W

New **Top of Productive Zone** Location

Sec

Twp

Range

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

FNL

FWL

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:**

2632 FNL

1011 FWL

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

**

Current **Bottomhole** Location

Sec 18

Twp 2S

Range 97W

** 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	1-229					X	
WILLIAMS FORK	WMFK	1-229					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 FEDERAL Number RG 512-18-297 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 02/27/2025

☐ **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 checked="" 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:

TEP Rocky Mountain LLC respectfully requests approval to conduct a potential casing repair on a well that we are currently completing. Please see attached proposal and WBD.

Purpose: "Tentative casing diagnosis and repair procedure below:

Well is completed through the MV 4 stage. While pumping MV 5 stage, pressure was observed on the intermediate casing. Pumping was stopped and production casing and intermediate casing equalized at 2,100psi. CBP was set at 9,636' above the MV 5 Top Perf.

Production casing was bled down to 200psi and the intermediate casing pressure mirrored the pressure during the bleed off and remained equalized at 200psi

There was no Braden Head pressure observed, and it was confirmed that there is 0psi on the Braden Head

MV 5 Perfs: 9,886' – 9,708'

CBP: 9,636'

Current Top Perf: 9,708'"

Proposed Diagnose:

- 1 MIRU wireline and set CBP at 6,850' and 6,670'
- 2 MIRU workover rig, ND frac tree, NU 10k frac valve and BOPs.
- 3 RIH with packer to Int. Shoe depth at 3,158' and test to 2,000psi to locate leak depth. POOH with packer
- 4 MIRU TWG wireline and perform 40 arm caliper log
- 5 If leak is found above Intermediate casing shoe, proceed to casing repair.
- 6 If leak is found below Intermediate casing shoe, make up drillout BHA, RIH with tubing and land tubing above CBP at 6,670'
- 7 RDMO rig and order casing patch

Patch Procedure (if leak is found below Intermediate Casing Shoe):

- 8 MIRU workover rig, NU BOPs and test
- 9 Unland tubing, establish circulation above CBP
- 10 Drillout all plugs to bottom
- 11 POOH to 3,000'
- 12 MIRU snubbing unit, snub out remaining tubing, RDMO snubbing unit
- 13 MIRU wireline and set CBP at ~6,000' and 5,850'
- 14 Pick up Coretrax patch and set per Coretrax procedure and Coretrax representative direction
- 15 Pressure test casing to 7,000psi to ensure no leakoff
- 16 Make up drill out BHA and RIH and drill out CBP's, POOH to above casing patch
- 17 MIRU snubbing unit, snub tubing out. RDMO snubbing unit, RDMO workover rig
- 18 Frac remaining stages per completions procedure with dissolvable frac

Casing Repair (if leak is found above Intermediate Casing Shoe):

- 19 MIRU workover rig
- 20 Pull 4-1/2" casing slips
- 21 RIH with wireline and make 4-1/2" casing cut ~1jt below leak point
- 22 POOH with casing and lay down
- 23 RIH with overshot and left-hand drill pipe, latch 4-1/2" casing fish top
- 24 RIH with string shot and make manual backoff with string shot ~ 1 jt below fish top
- 25 POOH with fishing string and lay down
- 26 RIH with new casing and screw back into existing casing to max torque
- 27 Pull test to 85k and land casing in slips
- 28 Pressure test casing to 7,500 psi to ensure no leakoff
- 29 RIH with drillout BHA and drill out plugs to bottom, POOH with drillout string to 3,000'
- 30 MIRU snubbing unit, snub remaining tubing out, RDMO snubbing unit.
- 31 RDMO workover rig, NU frac tree on top of 10k frac valve
- 32 Frac remaining stages per completions procedure

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

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:

- ☐ Add Oil and Gas Location(s)
- ☐ Add Drilling and Spacing Unit(s)
- ☐ Amend Oil and Gas Location(s)
- ☐ Amend Drilling and Spacing Unit(s)
- ☐ Remove Oil and Gas Location(s)
- ☐ Remove Drilling and Spacing Unit(s)
- ☐ Oil and Gas Location attachment or plan updates
- ☐ Amend the lands subject to the OGDG
- ☐ Other

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

Operator 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: MELISSA LUKE

Title: Regulatory SpecialistEmail: MLUKE@TERRAEP.COMDate: _____

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
0 COA	

General Comments		
User Group	Comment	Comment Date
		Stamp Upon Approval
Total: 0 comment(s)		

ATTACHMENT LIST	
Att Doc Num	Name
404108221	WELLBORE DIAGRAM
404108224	PROPOSED PROCEDURE
Total Attach: 2 Files	