

State of Colorado
Energy & Carbon Management Commission

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Document Number: 404143250			
Date Received: 03/27/2025			

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>96850</u>	Contact Name <u>MELISSA LUKE</u>
Name of Operator: <u>TEP ROCKY MOUNTAIN LLC</u>	Phone: <u>(970) 263-2721</u>
Address: <u>1058 COUNTY ROAD 215</u>	Fax: <u>()</u>
City: <u>PARACHUTE</u> State: <u>CO</u> Zip: <u>81635</u>	Email: <u>MLUKE@TERRAEP.COM</u>

FORM 4 SUBMITTED FOR:

Facility Type: WELL

API Number : 05- 045 12762 00 ID Number: 287215

Name: WILLIAMS Number: PA 42-3

Location QtrQtr: NENE Section: 3 Township: 7S Range: 95W Meridian: 6

County: GARFIELD Field Name: PARACHUTE

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

Location(s)

Location ID	Location Name and Number
334647	WILLIAMS-67S95W 3NENE

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 Surface Footage From:				<input type="text" value="977"/>	<input type="text" value="FNL"/>	<input type="text" value="1021"/>	<input type="text" value="FEL"/>
Change of Surface Footage To:				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Surface Location From	QtrQtr <input type="text" value="NENE"/>	Sec <input type="text" value="3"/>	Twp <input type="text" value="7S"/>	Range <input type="text" value="95W"/>	Meridian <input type="text" value="6"/>		
New Surface Location To	QtrQtr <input type="text"/>	Sec <input type="text"/>	Twp <input type="text"/>	Range <input type="text"/>	Meridian <input type="text"/>		
Change of Top of Productive Zone Footage From:				<input type="text" value="1204"/>	<input type="text" value="FNL"/>	<input type="text" value="774"/>	<input type="text" value="FEL"/>
Change of Top of Productive Zone Footage To:				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Top of Productive Zone Location		Sec <input type="text" value="3"/>	Twp <input type="text" value="7S"/>	Range <input type="text" value="95W"/>			
New Top of Productive Zone Location		Sec <input type="text"/>	Twp <input type="text"/>	Range <input type="text"/>			

**

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

FNL

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:**

1204 FNL

774 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>
WILLIAMS FORK	WMFK		640	SEC.			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 07/15/2025

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 (TEP) respectfully requests approval to conduct repair work on the WILLIAMS PA 42-3 well. CPW Consultation for ECMC Rule 312 occurred on 03/12/2025.

1. MIRU Service rig, spot all equipment, kill well
2. ND Production tree, NU BOP's, Pressure test BOP's to 300 psi low, 4,000 psi high
3. POOH 2-3/8" tbg while scanning/inspecting
4. RIH with 4-1/2" TSBP and tail string using only YB tbg pulled from well. If necessary PUMU YB, WB, or new tbg
5. Set BP at +/-1,870' (TOC 1,670'), POOH SB tbg
6. PU pkr, RIH to isolate depth of csg leak, POOH SB tbg
7. If csg leak is above surface csg shoe:
 - a. Mechanically cut casing +/-20' below leak depth if necessary to allow un-landing csg slips
 - b. POOH LD damaged csg
 - c. RIH w/ overshot and LHWS and latch onto production csg
 - d. Manually backoff production casing with string shot appx 1+ jt below damaged csg
 - e. POOH with casing and lay down
 - f. RIH with new casing and screw back into existing casing, fully torque (+/-2,650 ft-lbs)
 - g. Pull test +/-65k. Land in minimum tension (+/-55k)
 - h. Pressure test csg
8. If csg leak is below surface csg shoe:
 - a. RIH set RBP 100' below csg leak, dump bail sand on top of RBP
 - b. RIH w/ tbg to 50' below csg leak; establish circulation down production csg and up surface csg
 - c. Pump 50 sks cmt to balance from 50' below to 100' above csg leak inside/outside 4-1/2" 11.6# csg
 - d. PU tbg to 100' above csg leak and circulate hole clean
 - e. RIH w/ bit and drill out 150' cement plug from inside 4-1/2" csg
 - f. Pressure test csg
 - g. RIH to retrieve top RBP, washing sand and circulating hole clean prior to latching up
 9. RIH and retrieve lower RBP; POOH entire string, visually inspect tbg and tally
 10. RIH with production tubing while HYDROTESTING, make light tag on fill
 - a. Note – Run lower grade pipe on bottom of string. Clearly notate within daily operation activity details the makeup of the string (grade, color, depths)
 11. POOH to land depth +/-6,599' (92%). Pump tbg volume if tagged to clear tbg; Hydrotest hanger connection
 12. RDMO Service Unit and cleanup location

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)
Date Run: 4/22/2025 Doc [#404143250]

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:

[Empty text box for other location changes and updates]

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.

[Empty text box for detailed description of changes]

Operator Best Management Practices

No BMP/COA Type

Description

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

Operator Comments:

[Empty text 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: MELISSA LUKE

Title: REGULATORY SPECIALIST Email: MLUKE@TERRAEP.COM Date: 3/27/2025

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

ECMC Approved: Katz, Aaron Date: 4/22/2025

CONDITIONS OF APPROVAL, IF ANY LIST

COA Type	Description
1 COA	<p>1) For applicable operations, report work completed within 30 days on a Form 4 Sundry REPORT OF WORK DONE - Repair Well noting final pressure test results and include any operational or job summaries. If the wellbore geometry changes or there is not an updated WBD in the well file submit an updated WBD.</p> <p>2) For applicable operations, submit a Form 5 or 5A (updated packer and tubing depths) within 30 days of the work with job related documents including a minimum of one of the following attachments: operations summary, cement job summary and/or wireline summary. Additionally, include CBLs and any additional logs run.</p> <p>3) Complete a bradenhead test within 30 days of completing the repair and submit results on a Form 17</p> <p>4) Provide electronic Form 42 Notice of MIRU 2 business days ahead of operations</p> <p>5) Operator shall notify ECMC Engineering staff prior to pumping cement or if changes to the approved repair procedure are required.</p>

General Comments

User Group	Comment	Comment Date
Engineer	<p>CBL DOC 1354078</p> <p>404092994 Form 17 2/13/2025 S:"167 PSI P: 168 PSI</p> <p>BH test completed indicates a potential casing leak</p> <p>Repair has a plan to replace the damaged casing and a contingency if the leak is below the TOC</p> <p>Depending on the casing leak location, additional squeeze plugs may be required lower in the wellbore to meet future P&A requirements. See COA 5 to contact area engineer or supervisor to review cementing operations prior to pumping.</p>	04/22/2025

Total: 1 comment(s)

ATTACHMENT LIST

Att Doc Num	Name
404143250	SUNDRY NOTICE APPROVED-OBJ-SBSQ-OPS-REPAIR
404143253	CPW CONSULTATION
404143257	WELLBORE DIAGRAM
404173845	FORM 4 SUBMITTED

Total Attach: 4 Files