FORM 4
Rev 03/22

State of Colorado
Energy & Carbon Management Commission

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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 12600 00 ID Number: 483246
Name: FEDERAL Number: RG 334-11-298
Location QtrQtr: Lot 4 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
482958	FEDERAL RG 11-13-298

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)

		FNL/FSL		FEL/FWL	
Change of **Surface** Footage **From**:		1057	FNL	897	FWL
Change of **Surface** Footage **To**:					

Current **Surface** Location **From**	QtrQtr	Lot 4	Sec	13	Twp	2S	Range	98W	Meridian	6
New **Surface** Location **To**	QtrQtr		Sec		Twp		Range		Meridian	

Change of **Top of Productive Zone** Footage **From**:				696	FSL	1972	FEL
Change of **Top of Productive Zone** Footage **To**:							**
Current **Top of Productive Zone** Location	Sec	11	Twp 2S		Range 98W		
New **Top of Productive Zone** Location	Sec		Twp		Range		
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**:				696	FSL	1972	FEL
Change of **Bottomhole** Footage **To**:							**
Current **Bottomhole** Location	Sec	11	Twp 2S		Range 98W		
New **Bottomhole** Location	Sec		Twp		Range		

** attach deviated drilling plan

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

Objective Formation	Formation Code	Spacing Order Number	Unit Acreage	Unit Configuration	Add	Modify	No Change	Delete
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 OGDP**

From: Name FEDERAL Number RG 334-11-298 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 03/25/2025

☐ SUBSEQUENT REPORT Date of Activity _____

☐ Bradenhead Plan ☐ Venting or Flaring (Rule 903) ☐ E&P Waste Mangement

☐ Change Drilling Plan ☒ Repair Well ☐ Beneficial Reuse of E&P Waste

☐ Gross Interval Change

☐ Underground Injection Control

☐ Request approval of Reuse and Recycling Plan per Rule 905.a.(3). (Reuse and Recycling Plan must be attached.)

☐ Request approval of Alternative Sampling Plan per Rule 909.j.(6). for this Pit. (Alternative Sampling Program must be attached.)

☐ 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) is requesting permission to conduct a cement remediation procedure. The RG 334-11-298 well (RG 11-13-298 pad) has a low top of cement following the production cement job. During the cement job, a pressure increase was observed while pumping 12.7 lead cement. Attempts to circulate out cement and clear the obstruction within the casing string were unsuccessful. After releasing H&P 329 from the RG 11-13-298 pad, TEP intends to move in a workover rig prior to completion operations to address the low top of cement. Workover operations on the RG 334-11-298 will include drilling out cement inside the 4-1/2" production casing and running a CBL to determine the required perforation depth for remedial cement squeeze to establish a sufficient top of cement. TEP will inform the ECMC and BLM of the CBL results and provide subsequent remedial cement procedure details.

1 Check casing pressures to verify well is static
2 NU and test BOPE
3 Perforate squeeze holes at 10,650'
4 If well is static after perforating, Make up tubing set squeeze retainer on tubing and RIH to 10,620'
5 If well has pressure after perforating, make up wireline set cement retainer and RIH on wireline and set at 10,620'
6 TOOH with wireline
7 Establish injection rates through perforations
8 Pump 329 bbls (893 sacks at 2.07 cuft/sack) of 12.7 ppg lead cement with 75% excess and 229 bbls (693 sacks of 1.86 cuft/sack) of 13.5 tails cement with 75 %
excess
9 Displace cement with fresh water to cement retainer (COA TOC at 6,849'). Sting out of retainer with tubing and POOH.
10 Wait on cement 24 hours and run CBL to verify TOC
11 If CBL indicates sufficent TOC, drill out retainer and cement and prep well for completions, Rig down
12 If CBL indicates insufficent TOC, Notify COGCC and BLM of contengency plan

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:

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

Provide a detailed description of the changes being proposed for this OGDP. 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 Specialist Email: MLUKE@TERRAEP.COM Date: 3/25/2025

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
	Bradenhead tests shall be performed according to the following schedule and Form 17 submitted within 10 days of each test: 1) Prior to stimulation. If any pressure greater than threshold pressure is observed or if there is evidence of communication, Operator must contact ECMC engineering for approval prior to stimulation. 2) Within 60 days after first sales, as reported on the Form 10, Certificate of Clearance.
	1) Provide electronic Form 42 Notice of Remedial Cementing Operations 2) The placed cement shall be verified with a CBL. 3) After any remedial cementing operations, Operator will successfully pressure test the production casing for a minimum of 30 minutes and to a minimum of 500 psi greater than the maximum surface pressure anticipated to be imposed during stimulation. Pressure test to be submitted on Form 21 within 30 days of the pressure test. 4) Operator shall notify ECMC Engineering staff of changes and/or additional repair methods to the approved repair procedure. 5) Submit a Form 5 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 CBL's and any additional logs run.
2 COAs	

General Comments

User Group	Comment	Comment Date
Engineer	Operator submitted Sundry 404018955 to report the low TOC. Production cement was pumped on 10/7/2024 Form 42 (CMT) 403969971	04/22/2025
OGLA	Well is in a mule deer migration corridor and severe winter range HPH. Operation will coincide with current ongoing Drilling/Completions activities on the location as confirmed with Operator.	04/04/2025
Engineer	Changed sundry type to Rule 312 Repair Sundry	04/01/2025

Total: 3 comment(s)

ATTACHMENT LIST

Att Doc Num	Name
404139369	SUNDRY NOTICE APPROVED-OBJ-SBSQ-OPS-REPAIR
404139386	WELLBORE DIAGRAM
404139387	WELLBORE DIAGRAM
404139388	PROPOSED PROCEDURE
404174828	FORM 4 SUBMITTED

Total Attach: 5 Files