

**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: <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: ( )
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 24577 00 ID Number: 485375

Name: Kelton Number: WGV 13-27-697

Location QtrQtr: NESW Section: 27 Township: 6S Range: 97W 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
322539	Arco Deep 1-27

**OGDP(s)**

OGDP ID	OGDP Name
483885	Arco Deep 1-27
489068	Arco Deep 1-27

**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 <b>Surface</b> Footage <b>From</b> :	<input type="text" value="2082"/>	<input type="text" value="FSL"/>	<input type="text" value="2155"/>	<input type="text" value="FWL"/>
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="NESW"/>	Sec <input type="text" value="27"/>	Twp <input type="text" value="6S"/>	Range <input type="text" value="97W"/>	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 **Top of Productive Zone** Footage **From:**

2558 FSL

800 FWL

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

\*\*

Current **Top of Productive Zone** Location

Sec 27

Twp 6S

Range 97W

New **Top of Productive Zone** Location

Sec

Twp

Range

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

FSL

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:**

2558 FSL

800 FWL

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

\*\*

Current **Bottomhole** Location

Sec 27

Twp 6S

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

\_\_\_\_\_



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**

Route to the Area Reclamation Specialist

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    06/10/2025

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 checked="" 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:**

TEP Rocky Mountain LLC (TEP) respectfully requests approval to update the surface casing plan on the Kelton WGV 11-27-697 well. Please note the updated casing and cement changes detailed on this Form 4.

- 9-5/8" 36# J-55 BTC Casing Shoe @ 150' TVD Below Wasatch
  - o Total surface casing footage for pad ~ 49,432' (3,089.5' / well average)
- 14-3/4" Hole Size
- Surface Cement Volumes

**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**

<u>Casing Type</u>	<u>Size of Hole</u>	<u>Size of Casing</u>	<u>Grade</u>	<u>Wt/Ft</u>	<u>Csg/Liner Top</u>	<u>Setting Depth</u>	<u>Sacks Cmt</u>	<u>Cmt Btm</u>	<u>Cmt Top</u>
SURF	14+3/4	9+5/8	J55	36	0	3085	1008	3085	0

**POTENTIAL FLOW AND CONFINING FORMATIONS**

<u>Zone Type</u>	<u>Formation /Hazard</u>	<u>Top M.D.</u>	<u>Top T.V.D.</u>	<u>Bottom M.D.</u>	<u>Bottom T.V.D.</u>	<u>TDS (mg/L)</u>	<u>Data Source</u>	<u>Comment</u>
Groundwater	GRRV MGNY	833	822	1283	1258	501-1000	Produced Water Sample	
Hydrocarbon	ANVIL POINTS	1283	1258	1732	1694			
Confining Layer	GARDEN GULCH	1732	1694	2185	2130			
Hydrocarbon	DOUGLAS CREEK	2182	2130	2606	2541			
Subsurface Hazard	ORANGE MARKER	2606	2541	2930	2856			
Confining Layer	WASATCH	2930	2856	4468	4347			
Hydrocarbon	G SAND	4468	4347	4674	4547			
Hydrocarbon	FORT UNION	4674	4547	5190	5047			

Hydrocarbon	L WASATCH	5190	5047	5947	5782			
Confining Layer	OHIO CREEK	5948	5782	6408	6232			
Hydrocarbon	U MESAVERDE	6408	6232	6685	6807			
Hydrocarbon	CAMEO	8105	7927	8660	8482			
Hydrocarbon	ROLLINS	8660	8482	8860	8682			
Hydrocarbon	KMV GAS	66685	6807	8105	7927			

**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 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**

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

**Operator Comments:**

Please forward this Form 4 to Aaron Katz - verbal approval for this operation was granted on 6/10/2025, please see attached email correspondence.

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 SPECIALSIT Email: MLUKE@TERRAEP.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**

0 COA

**General Comments**

**User Group**

**Comment**

**Comment Date**

Stamp Upon  
Approval

Total: 0 comment(s)

**ATTACHMENT LIST**

**Att Doc Num**

**Name**

Total Attach: 0 Files