

State of Colorado
Energy & Carbon Management Commission

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|--------------------------------------|----|----|----|
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| Document Number: 404384895 | | | |
| 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>96850</u> | Contact Name <u>Jonathan Humphreys</u> |
| Name of Operator: <u>TEP ROCKY MOUNTAIN LLC</u> | Phone: <u>(573) 460-0068</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>jonathan.humphreys@flywheelenergy.com</u> |

FORM 4 SUBMITTED FOR:

Facility Type: WELL

API Number : 05-045 14574 00 ID Number: 291981

Name: JOLLEY Number: 21-2D

Location QtrQtr: SENW Section: 21 Township: 6S Range: 91W Meridian: 6

County: GARFIELD Field Name: MAMM CREEK

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

Location(s)

| Location ID | Location Name and Number |
|-------------|--------------------------|
| 335209 | Jolley KP 22-21 |

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)

| | | | | |
|------------------------------------------------|-----------------------------------|----------------------------------|-----------------------------------|----------------------------------|
| Change of Surface Footage From : | <input type="text" value="1898"/> | <input type="text" value="FNL"/> | <input type="text" value="2208"/> | <input type="text" value="FWL"/> |
| 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="SENW"/> | Sec <input type="text" value="21"/> | Twp <input type="text" value="6S"/> | Range <input type="text" value="91W"/> | 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:**

1542 FNL

1981 FWL

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

**

Current **Top of Productive Zone** Location

Sec 21

Twp 6S

Range 91W

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:**

1542 FNL

1981 FWL

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

**

Current **Bottomhole** Location

Sec 21

Twp 6S

Range 91W

** 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 10/09/2025

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:

TEP Rocky Mountain LLC (TEP) is reporting the results of recent diagnostic testing and requesting ECMC approval to connect the JOLLEY 21-2D bradenhead to the sales line. The diagnostic testing resulted from the bradenhead exceeding the ECMC BMA threshold pressure of 150 psi on August 13, 2025. The Form 17 reporting the results of the recent bradenhead test is included in the "Related Forms" section.

Per ECMC Operator Guidance, the following lines of evidence demonstrate conclusively that the JOLLEY 21-2D has both casing integrity and wellbore isolation:

- During the bradenhead test, the bradenhead pressure decreased to 0 psi within 5 minutes through a 2" valve with a de minimis volume of gas, while the production casing pressure remained flat until the plunger cycled.
- Monthly pressure monitoring confirms that the bradenhead pressure and production casing pressure maintain a pressure differential of greater than 50 psi. The previous twelve months of monthly pressure monitoring data is included in the attachments.
- A review of the cement bond log for the subject well indicates cement coverage with an amplitude less than 10 mV up to or above 3,370 feet, which is at least 1,300 feet above the top of the Williams Fork formation located at 4,680 feet and at least 1,750 feet above the top perforation located at 5,120 feet, therefore providing cement isolation of the producing zone from the production casing annulus.
- Analytical results of the production gas indicate a concentration of 4.1% Carbon Dioxide and 90.3% Methane versus 0% Carbon Dioxide and 85.5% Methane in the bradenhead gas sample. The analytical results of the recent bradenhead and production gas samples have been submitted to the ECMC via a Form 43 (404384891).

TEP is requesting ECMC approval to connect the JOLLEY 21-2D bradenhead to the sales line and satisfy the ECMC required bradenhead Pressure Management Plan for this well. The sales line pressure for the subject well has averaged 101 psi for the previous year, allowing the connection to maintain bradenhead pressure below the ECMC BMA threshold pressure of 150 psi. The bradenhead connection to the sales line will effectively manage the bradenhead pressure and maintain consistent bradenhead pressure below the ECMC BMA threshold pressure of 150 psi.

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:

[Empty text box]

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]

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: Dasa Bryan

Title: Regulatory Admin Email: dasa.bryan@flywheelenergy.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

| <u>COA Type</u> | <u>Description</u> |
|------------------------|---------------------------|
| | |

0 COA

General Comments

User Group

Comment

Comment Date

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|--------------------------|-----------------------|----------------------------|
| | | Stamp Upon Approval |

Total: 0 comment(s)

ATTACHMENT LIST

Att Doc Num

Name

404384906

BRADENHEAD PLAN

Total Attach: 1 Files