

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: 8960 Contact Name James Miller
 Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY LLC Phone: (720) 984-7460
 Address: 555 17TH STREET SUITE 3700 Fax: ()
 City: DENVER State: CO Zip: 80202 Email: jmiller@civiresources.com

FORM 4 SUBMITTED FOR:

Facility Type: WELL
 API Number : 05- 123 48259 00 ID Number: 458199
 Name: Antelope Number: T34-19-18MRLNB
 Location QtrQtr: SESE Section: 19 Township: 5N Range: 62W Meridian: 6
 County: WELD Field Name: DJ HORIZONTAL NIOBRARA

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

Location(s)

Location ID	Location Name and Number
458201	Antelope T-19 Pad

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:**

Change of **Surface Footage To:**

				FNL/FSL		FEL/FWL				
				<input type="text" value="225"/>	<input type="text" value="FSL"/>	<input type="text" value="1228"/>	<input type="text" value="FEL"/>			
Current Surface Location From	QtrQtr	<input type="text" value="SESE"/>	Sec	<input type="text" value="19"/>	Twp	<input type="text" value="5N"/>	Range	<input type="text" value="62W"/>	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:**

484 FSL

1351 FEL

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

**

Current **Top of Productive Zone** Location

Sec 19

Twp 5N

Range 62W

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:**

760 FSL

1578 FEL

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

**

Current **Bottomhole** Location

Sec 18

Twp 5N

Range 62W

** 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 11/17/2025

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:

This well started mitigation in May 2025. The bradenhead test conducted 5/27/2025 (Form 17 doc# 404228790) reported 345 psi. In the previous 6 months of blowdown abatement, Bonanza has seen progress with bradenhead pressure but believes the well would benefit from an additional round of mitigation. Progress can be seen in the pressure trends (charts attached) and the bradenhead test conducted 11/17/2025 (Form 17 doc # 404439758) reporting 8 psi and no flowrate due to fluid. Collecting a sample and flowrate were not possible due to insufficient volume of bradenhead fluid. Bonanza is confident in the efficacy of the current mitigation program and is requesting that this mitigation plan be extended for an additional 12 months.

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 OGDG:

- | | |
|--|--|
| <input type="checkbox"/> Add Oil and Gas Location(s) | <input type="checkbox"/> Add Drilling and Spacing Unit(s) |
| <input type="checkbox"/> Amend Oil and Gas Location(s) | <input type="checkbox"/> Amend Drilling and Spacing Unit(s) |
| <input type="checkbox"/> Remove Oil and Gas Location(s) | <input type="checkbox"/> Remove Drilling and Spacing Unit(s) |
| <input type="checkbox"/> Oil and Gas Location attachment or plan updates | <input type="checkbox"/> Amend the lands subject to the OGDG |
| <input type="checkbox"/> 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

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

Operator Comments:

Sundry submitted to report the bradenhead mitigation performed on this well and the continued mitigation plan.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Stephany Olsen
 Title: Sr. Regulatory Analyst Email: bradenhead@civiresources.com Date: 11/20/2025

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

ECMC Approved: McFarland, Nick Date: 11/28/2025

CONDITIONS OF APPROVAL, IF ANY LIST

<u>COA Type</u>	<u>Description</u>
1 COA	<ol style="list-style-type: none"> 1. Operator will implement measures to control venting, to protect health and safety, and to ensure that vapors and odors from well operations do not constitute a nuisance or hazard to public welfare. 2. Bradenhead gas is not to be vented to the atmosphere; any gas from the Bradenhead will be routed to the specified abatement system. Shut in bradenhead pressure shall not exceed threshold pressure. Operator will implement measures to get an estimate of the gas flow rate and/or volume from the bradenhead. 3. No later than 11/17/26, conduct a bradenhead test, submit a Form 17, and submit a Form 4 Sundry that summarizes current well condition. The well should be shut in for seven days to monitor and collect data to characterize build up pressures prior to conducting the bradenhead test. The sundry should include details of the future plans, sample analysis interpretation, bradenhead test description, and the flow rate information and pressure data. 4. If a sample has not been collected from surface casing within the last twenty-four months collect bradenhead gas samples for laboratory analysis. Sampling will comply with Operator Guidance - Bradenhead Testing and Reporting Instructions, Appendix A: Liquid and Gas Sampling. Copies of all final laboratory analytical results will be provided to the ECMC within three months of collecting the samples. 5. Due to bradenhead tests that demonstrate liquid flow, on the next bradenhead test form include an estimate on liquid volume and identify the correct fluid flow and type within the table.

General Comments

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

Total: 0 comment(s)

ATTACHMENT LIST

<u>Att Doc Num</u>	<u>Name</u>
404443705	SUNDRY NOTICE APPROVED-OBJ
404443706	OTHER
404453613	FORM 4 SUBMITTED

Total Attach: 3 Files