

**State of Colorado**  
**Energy & Carbon Management Commission**

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DE	ET	OE	ES
Document Number: <u>404535230</u>			
Date Received: <u>02/10/2026</u>			

**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>Jeff Kirtland</u>
Name of Operator: <u>TEP ROCKY MOUNTAIN LLC</u>	Phone: <u>(970) 293-1469</u>
Address: <u>1058 COUNTY ROAD 215</u>	Fax: ( )
City: <u>PARACHUTE</u> State: <u>CO</u> Zip: <u>81635</u>	Email: <u>jeff.kirtland@flywheelenergy.com</u>

**FORM 4 SUBMITTED FOR:**

Facility Type: WELL

API Number : 05- 045 14828 00 ID Number: 292976

Name: DIAZ Number: RWF 342-25

Location QtrQtr: SENE Section: 25 Township: 6S Range: 94W Meridian: 6

County: GARFIELD Field Name: RULISON

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

**Location(s)**

Location ID	Location Name and Number
335504	DIAZ-66S94W 25SENE

**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 <b>Surface</b> Footage <b>From:</b>		FNL/FSL		FEL/FWL
		1580	FNL	629
Change of <b>Surface</b> Footage <b>To:</b>		[ ]	[ ]	[ ]
Current <b>Surface</b> Location <b>From</b>	QtrQtr <u>SENE</u> Sec <u>25</u>	Twp <u>6S</u>	Range <u>94W</u>	Meridian <u>6</u>
New <b>Surface</b> Location <b>To</b>	QtrQtr [ ] Sec [ ]	Twp [ ]	Range [ ]	Meridian [ ]
Change of <b>Top of Productive Zone</b> Footage <b>From:</b>		1642	FNL	605
Change of <b>Top of Productive Zone</b> Footage <b>To:</b>		[ ]	[ ]	[ ]
Current <b>Top of Productive Zone</b> Location	Sec <u>25</u>	Twp <u>6S</u>	Range <u>94W</u>	
New <b>Top of Productive Zone</b> Location	Sec [ ]	Twp [ ]	Range [ ]	

\*\*

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:**

1642 FNL

605 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	139-66	640				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    03/01/2026

**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 repair casing on subject well. Please find attached procedure and WBD. CPW Consult 02/09/2026. Please see attached.

Proposed Procedure:

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" J-55 tbg while scanning/inspecting, leaving final 10-15 jts of tbg in hole for tail string
4. RIH w/ 4-1/2" 11.6# csg pkr, set @ 500' and pressure test production csg to confirm csg leak above packer
5. Leave well sit overnight to utilize gas pressure to test for a production casing leak below 500'
6. RIH with 4-1/2" TSBP and tail string using only YB tbg pulled from well. If necessary PUMU YB, WB, or new tbg
7. Set BP at +/-4,000' (TOC 3,605'), POOH SB tbg
8. 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 to 350 psi for 15 minutes, 1,000 psi for 15 minutes
9. 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 to 350 psi for 30 minutes
  - g. RIH to retrieve top RBP, washing sand and circulating hole clean prior to latching up
10. RIH and retrieve lower RBP; POOH entire string, visually inspect tbg and tally
11. 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)
  - b. Note – Last tag depth @ 8,418' SLM
12. POOH to land depth +/-8,275' (+/-95% or 150' off tag). Pump tbg volume if tagged to clear tbg; Hydrotest hanger connection
13. 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)

**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**

<b>No</b>	<b>BMP/COA Type</b>	<b>Description</b>
1	Wildlife	1. Wildlife – Minimization: To minimize the potential for wildlife related traffic accidents, TEP has implemented speed restrictions for all lease roads and requires that all TEP employees and contractors adhere to these posted speed restrictions.
2	Wildlife	2. Wildlife – Minimization: TEP will make best efforts to minimize operations at these location during winter months by conducting operations, when possible, between 9:00am to 4:00pm when wildlife activity minimal.
3	Wildlife	3. Wildlife –Minimization: TEP will minimize vehicle numbers and traffic by carpooling to the site whenever possible
4	Storm Water/Erosion Control	1. Stormwater control measures will be in place during all phases of development to control stormwater run-on / runoff in a manner that minimizes erosion, transportation of sediment offsite, and site degradation.
5	Noise mitigation	1. Operations involving the use of a workover rig, or any equipment used in the production of a well are subject to and will comply with the Residential / Rural / State Parks & State Wildlife Areas maximum permissible noise levels in Table 423-1 of 55 db (A) in the hours between 7:00 a.m. to 7:00 p.m. and 50 db(A) in the hours between 7:00 p.m. to 7:00 a.m.
6	Noise mitigation	2. If a noise complaint is made to either TEP directly, the ECMC, or the local government, and TEP is notified of the complaint, noise levels will be measured within 48 hours of receipt of the complaint; TEP will contact the concerned party (if contact information is available) to discuss the complaint and the results of the noise measurements.
7	Odor mitigation	1. Upon receipt of an odor complaint, TEP will investigate the complaint within 24 hours and provide a description of all activities occurring at the facility during the timeframe specified in the complaint to the Director, the Relevant Local Government, and the complainant, as described in Rule 426.d.(1). TEP will take all necessary and reasonable actions to reduce odors.

Total: 7 comment(s)

Operator Comments:

TEP Rocky Mountain LLC (TEP) respectfully requests approval to repair casing subject well. Please find attached procedure and WBD. CPW Consult 02/09/2026. Please see attached.

Nearby RBU(s) will be contacted.

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

Signed: \_\_\_\_\_ Print Name: Blythe Befus \_\_\_\_\_  
Title: Sr Regulatory Analyst \_\_\_\_\_ Email: Progressive@flywheelenergy.com \_\_\_\_\_ Date: 2/10/2026 \_\_\_\_\_

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

ECMC Approved: Rothey, Julie \_\_\_\_\_ Date: 2/24/2026 \_\_\_\_\_

**CONDITIONS OF APPROVAL, IF ANY LIST**

COA Type	Description
	<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 and/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 CBL's 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</p> <p>6) If cement is pumped it shall be verified with a CBL and documented with a Form 5 within 30 days of repair operations.</p>

1 COA

**General Comments**

User Group	Comment	Comment Date
OGLA	Location Assessment Specialist review complete.	02/24/2026
Engineer	<p>Location of leak is unknown - procedure includes two different options based on the location of leak</p> <p>Repair has a plan to replace damaged casing and/or 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&amp;A requirements. See COA 5 to contact area engineer or supervisor to review cementing operations prior to pumping.</p> <p>Complete repair within 6 months of identifying the integrity issue (11/6/2025)</p> <p>BH test indicated a potential casing leak</p>	02/11/2026

Total: 2 comment(s)

**ATTACHMENT LIST**

<b>Att Doc Num</b>	<b>Name</b>
404535230	SUNDRY NOTICE APPROVED-OBJ-SBSQ-OPS-REPAIR
404535244	WELLBORE DIAGRAM
404539412	CPW CONSULTATION
404540240	PROPOSED PROCEDURE
404555845	FORM 4 SUBMITTED

Total Attach: 5 Files