

State of Colorado
Energy & Carbon Management Commission

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|--------------------------------------|----|----|----|
| DE | ET | OE | ES |
| Document Number: 404575654 | | | |
| 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>100322</u> | Contact Name <u>Erica Zuniga</u> |
| Name of Operator: <u>NOBLE ENERGY INC</u> | Phone: <u>(970) 278-6934</u> |
| Address: <u>1099 18TH STREET SUITE 1500</u> | Fax: <u>()</u> |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> | Email: <u>ericazuniga@chevron.com</u> |

FORM 4 SUBMITTED FOR:

Facility Type: LOCATION

API Number : 05- 123 00 ID Number: 323381

Name: BERNHARDT-64N67W Number: 1NWSW

Location QtrQtr: NWSW Section: 1 Township: 4N Range: 67W Meridian: 6

County: WELD Field Name: WATTENBERG

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

Location(s)

| Location ID | Location Name and Number |
|-------------|--------------------------|
| 323381 | BERNHARDT-64N67W 1NWSW |

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)

| | | | | | | | |
|--|--|------------------------------------|-------------------------------------|--|---|----------------------------------|----------------------------------|
| | | | | FNL/FSL | | FEL/FWL | |
| Change of Surface Footage From: | | | | <input type="text" value="1980"/> | <input type="text" value="FSL"/> | <input type="text" value="660"/> | <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="NWSW"/> | Sec <input type="text" value="1"/> | Twp <input type="text" value="4N"/> | Range <input type="text" value="67W"/> | 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: | | | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Change of Top of Productive Zone Footage To: | | | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Current Top of Productive Zone Location | | Sec <input type="text"/> | Twp <input type="text"/> | Range <input type="text"/> | | | |
| New Top of Productive Zone Location | | Sec <input type="text"/> | Twp <input type="text"/> | Range <input type="text"/> | | | |

**

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

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:**

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

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.

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

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 OGD UPDATES

PROPOSED CHANGES TO AN APPROVED OGD

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 OGD:

- | | |
|--|--|
| <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 OGD |
| <input type="checkbox"/> Other | |

Provide a detailed description of the changes being proposed for this OGD. Attach supporting documentation such as maps if necessary.

Operator Best Management Practices

No BMP/COA Type

Description

Operator Comments:

Land-Use-Change final reclamation drone documentation is attached per the ECMC Operator Guidance. Please route to the area reclamation specialist. This final reclamation completion notice is intended to close the BERNHARDT-64N67W/1NWSW location (323381) which consists of the BERNHARDT #1-2 (API # 05-123-12938) wellhead. This wellhead does not share a disturbance with any other wells or tank batteries. There is one off-location flowline associated with this well that transported produced fluids to the associated tank battery, and was removed in May of 2017. The associated tank battery has its own location ID (447060) which will remain open until final reclamation has been achieved.

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

Signed: _____ Print Name: Cameron Denison
 Title: Env. Professional Email: cdenison@h2eincorporated.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 |
|--------------------|-----------------------------|
| 404575683 | FINAL RECLAMATION PROCEDURE |

Total Attach: 1 Files