

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

**FORM 4 SUBMITTED FOR:**

Facility Type: WELL

API Number : 05- 123 49906 00 ID Number: 462960

Name: Latham Number: 14-11-12HNC

Location QtrQtr: NENE Section: 14 Township: 4N Range: 63W 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
437416	Latham U-14 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	
Current <b>Surface</b> Location <b>From</b>	QtrQtr	<u>NENE</u>	Sec	<u>14</u>	<u>284</u>	<u>FNL</u>	<u>452</u>
							<u>FEL</u>
New <b>Surface</b> Location <b>To</b>	QtrQtr		Sec				
					Twp	<u>4N</u>	Range
						<u>63W</u>	Meridian
							<u>6</u>
					Twp		Meridian

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

269 FSL

619 FWL

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

\*\*

Current **Top of Productive Zone** Location

Sec 12

Twp 4N

Range 63W

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:**

29 FSL

639 FWL

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

\*\*

Current **Bottomhole** Location

Sec 1

Twp 4N

Range 63W

\*\* 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>	Add	Modify	No Change	Delete
NIOBRARA	NBRR		240	GWA			X	

**OTHER**

**RULE 502 VARIANCE**

Order Number: \_\_\_\_\_

Description:

**REMOVE FROM SURFACE BOND**      **Signed surface use agreement is a required attachment**

**CHANGE NAME OR NUMBER OF WELL, FACILITY, OIL & GAS LOCATION, OR OGD**

From: Name LATHAM Number 14-11-12HNC Effective Date: \_\_\_\_\_  
 To: Name \_\_\_\_\_ Number \_\_\_\_\_

**ABANDON PERMIT: Permit can only be abandoned if the permitted operation has NOT been conducted. Field inspection will be conducted to verify site status.**

- WELL: Abandon Application for Permit-to-Drill (Form2) – Well API Number \_\_\_\_\_ has not been drilled.
- PIT: Abandon Earthen Pit Permit (Form 15) – ECMC Pit Facility ID Number \_\_\_\_\_ has not been constructed (Permitted and constructed pit requires closure per Rule 911)

**CENTRALIZED E&P WASTE MANAGEMENT FACILITY:** Abandon Centralized E&P Waste Management Facility Permit (Form 28) – Facility ID Number \_\_\_\_\_ has not been constructed (Constructed facility requires closure per Rule 907)

OIL & GAS LOCATION ID Number: \_\_\_\_\_

- Abandon Oil & Gas Location Assessment (Form 2A) – Location has not been constructed and site will not be used in the future.
- Keep Oil & Gas Location Assessment (Form 2A) active until expiration date. This site will be used in the future.

**Surface disturbance from Oil and Gas Operations must be reclaimed per Rule 1003 and Rule 1004.**

**REQUEST FOR WELL RECORDS CONFIDENTIALITY (Rule 206.c.(1))**

**DIGITAL WELL LOG UPLOAD**

**DOCUMENTS SUBMITTED** Purpose of Submission: \_\_\_\_\_  
 Route To: \_\_\_\_\_

**COMPLIANCE with CONDITION OF APPROVAL (COA) on** Form NO: \_\_\_\_\_ Document Number: \_\_\_\_\_

**RECLAMATION**

**INTERIM RECLAMATION**

- Interim Reclamation will commence approximately \_\_\_\_\_  
 Per Rule 1003.e.(3) operator shall submit Sundry Notice reporting interim reclamation is complete and site is ready for inspection when vegetation reaches 80% coverage.
- Interim reclamation complete, site ready for inspection.  
 Per Rule 1003.e(3) describe interim reclamation procedure in Comments below or provide as an attachment and attach required location photographs.

**Field inspection will be conducted to document Rule 1003.e. compliance**

**FINAL RECLAMATION**

- Final Reclamation will commence approximately \_\_\_\_\_  
 Per Rule 1004.c.(4) operator shall submit Sundry Notice reporting final reclamation is complete and site is ready for inspection when vegetation reaches 80% coverage.



**COMMENTS:**

This well started mitigation in June 2023. The bradenhead test conducted 06/01/2023 (Form 17 doc# 403424126) reported 93 psi. In the previous 12 months of bradenhead drawdown mitigation, BONANZA CREEK has seen progress with this well's pressure but believes that it would benefit from an additional round of drawdown through the fugitive gas destruction device set at the wellhead. Progress can be seen in the pressure trends (charts attached) and the bradenhead test conducted 04/29/2026 (Form 17 doc # 404647227) reporting 0 psi. There was not enough gas to obtain a flowrate. Sample analysis indicates the Bradenhead gas is thermogenically sourced but not a match for production gas. BONANZA CREEK 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**

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

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@sm-energy.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**

<b><u>COA Type</u></b>	<b><u>Description</u></b>
0 COA	

**General Comments**

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

Total: 0 comment(s)

**ATTACHMENT LIST**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
404653084	OTHER

Total Attach: 1 Files