

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>10844</u>	Contact Name <u>Kris Gibson</u>
Name of Operator: <u>QB ENERGY OPERATING LLC</u>	Phone: <u>(970) 3090010</u>
Address: <u>1001 17TH STREET SUITE 1600</u>	Fax: ()
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>Kgibson@qb-energy.com</u>

FORM 4 SUBMITTED FOR:

Facility Type: WELL

API Number : 05- 045 07506 00 ID Number: 256967

Name: SHAEFFER Number: 12-5 (D12)

Location QtrQtr: NWNW Section: 12 Township: 7S Range: 93W 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
334603	SCHAEFFER DISPOSAL-67S93W 12NWNW

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:				674	FNL	633	FWL
Change of Surface Footage To:							
Current Surface Location From	QtrQtr <u>NWNW</u>	Sec <u>12</u>	Twp <u>7S</u>	Range <u>93W</u>	Meridian <u>6</u>		
New Surface Location To	QtrQtr	Sec	Twp	Range	Meridian		
Change of Top of Productive Zone Footage From:				1729	FNL	562	FWL
Change of Top of Productive Zone Footage To:							**
Current Top of Productive Zone Location		Sec	Twp	Range			
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:**

1875 FNL

602 FWL

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		52678	U			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 03/09/2026

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:

SHAEFFER 12-5 (D12) 05-045-07506 – 2026 PMP

- Well: SHAEFFER 12-5 (D12) (05-045-07506)
- Purpose: 2026 Annual BH test – PMP
- Current PMP: PT SCADA Monitoring/SC Tie-In (Install Date 3/09/2026)
- Form 17: 2026 (DI: 404508567)
- IBHP/FBHP : 151psi/ 100 Continuous gas
- IICP/FICP: N/A
- Threshold BH/IC: 150 psi/NA psi
- LP: ~110 psi
- Failure: BH above threshold/continuous gas at end of test
- Diagnostics:
 - o Integrity: Static pressures on the production casing string during the blow-down test confirm the integrity of the production casing.
 - o Pressure profile: BH had pressure and continuous flow at the end of the test. See the attached pressure chart from Cygnet.
 - o Isolation: TOC on the production casing via CBL is shown at 3200' with likely stringers above (CBL stops at 3000').
 - o Sample: Gas samples were taken on 7/30/2025 (DI: 404350765)
 - o Source: The gas is likely migrating from permeable formations behind the production casing between the TOC and SC shoe through the poorly bonded cement.
- PMP Protective of PSEHW: Deepest domestic water well within 1 mile is 300'. Surface casing is set @ 689' and 16 bbls of cement were circulated to the surface during primary cementing. The collapse pressure of the production string is 6350 psi; therefore, there are no current risks from pressure on the bradenhead.
- PMP/Comments: Due to the well repeatedly hitting the pressure threshold, QB has tied the well into Sales. Monitoring via transducers in SCADA will continue.

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 for other location changes and updates]

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 for detailed description of changes]

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: Kris Gibson

Title: Compliance Email: Kgibson@qb-energy.com Date: 5/19/2026

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

ECMC Approved: Katz, Aaron Date: 6/3/2026

CONDITIONS OF APPROVAL, IF ANY LIST

COA Type	Description
1 COA	<p>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.</p> <p>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.</p> <p>3. No later than 1/15/2027, (12 months after the most recent BH test) conduct a bradenhead test, submit a Form 17 within ten days of the test. 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.</p> <p>Within 60 days of conducting the bradenhead test, submit a Form 4 Sundry that summarizes current well condition. The sundry should include details of the future plans, sample analysis interpretation, bradenhead test description, and the flow rate information and pressure data.</p> <p>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.</p> <p>If a sample has not been collected from production gas, collect production gas samples for laboratory analysis. Operator may submit a production gas from an adjacent well if on a multi-well pad. Sampling will comply with Operator Guidance - Bradenhead Testing and Reporting Instructions, Appendix A: Liquid and Gas Sampling.</p>

General Comments

User Group	Comment	Comment Date
Engineer	<p>SC Tie-In (Install Date 3/09/2026) DOC 404601234 42 (OTH) -00</p> <p>Sample Date: 07/2025 Ongoing sampling to be completed at 24-month intervals Pressure data is attached Tie in to sales is maintaining the pressure under the threshold</p> <p>** Add all casing pressures on future data charts or tables **</p>	06/03/2026

Total: 1 comment(s)

ATTACHMENT LIST

Att Doc Num	Name
404664202	SUNDRY NOTICE APPROVED-OBJ
404664211	PRESSURE DATA
404681293	FORM 4 SUBMITTED

Total Attach: 3 Files