

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
----	----	----	----

Document Number:
2166759

Date Received:
05/09/2013

SUNDRY NOTICE

Submit a signed original. This form is to be used for general, technical and environmental sundry information. For proposed or completed operations, describe in full in Comments or provide as an attachment. Identify Well by API Number; identify Oil and Gas Location by Location ID Number; identify other Facility by Facility ID Number.

OGCC Operator Number: 10338 Contact Name PATRICIA MODEN

Name of Operator: CARRIZO OIL & GAS INC Phone: (713) 328-1000

Address: 500 DALLAS STREET #2300 Fax: (713) 328-1060

City: HOUSTON State: TX Zip: 77002 Email: PATRICIA.MODEN@CRZO.NET

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 123 36331 00 OGCC Facility ID Number: 430931

Well/Facility Name: Bringelson Well/Facility Number: 3-33-9-58

Location QtrQtr: NENW Section: 33 Township: 9N Range: 58W Meridian: 6

County: WELD Field Name: WILDCAT

Federal, Indian or State Lease Number: _____

Survey Plat		
Directional Survey		
Srvc Eqpmt Diagram		
Technical Info Page		
Other		

CHANGE OF LOCATION OR AS BUILT GPS REPORT

- Change of Location * As-Built GPS Location Report As-Built GPS Location Report with Survey

* Well location change requires new plat. A substantive surface location change may require new Form 2A.

SURFACE LOCATION GPS DATA Data must be provided for Change of Surface Location and As Built Reports.

Latitude _____ PDOP Reading _____ Date of Measurement _____

Longitude _____ GPS Instrument Operator's Name _____

LOCATION CHANGE (all measurements in Feet)

Well will be: _____ (Vertical, Directional, Horizontal)

Change of **Surface** Footage **From** Exterior Section Lines:

	FNL/FSL		FEL/FWL
210	FNL	2354	FWL

Change of **Surface** Footage **To** Exterior Section Lines:

Current **Surface** Location **From** QtrQtr NENW Sec 33 Twp 9N Range 58W Meridian 6

New **Surface** Location **To** QtrQtr _____ Sec _____ Twp _____ Range _____ Meridian _____

Change of **Top of Productive Zone** Footage **From** Exterior Section Lines:

650	FNL	2116	FEL

Change of **Top of Productive Zone** Footage **To** Exterior Section Lines:

Current **Top of Productive Zone** Location **From** Sec 33 Twp 9N Range 58W

New **Top of Productive Zone** Location **To** Sec _____ Twp _____ Range _____

Change of **Bottomhole** Footage **From** Exterior Section Lines:

650	FSL	2111	FEL

Change of **Bottomhole** Footage **To** Exterior Section Lines:

Current **Bottomhole** Location Sec 33 Twp 9N Range 58W ** attach deviated drilling plan

New **Bottomhole** Location Sec _____ Twp _____ Range _____

Is location in High Density Area? _____

Distance, in feet, to nearest building _____, public road: _____, above ground utility: _____, railroad: _____, property line: _____, lease line: _____, well in same formation: _____

Ground Elevation _____ feet Surface owner consultation date _____

Comments:

ENGINEERING AND ENVIRONMENTAL WORK

NOTICE OF CONTINUED TEMPORARILY ABANDONED STATUS

Indicate why the well is temporarily abandoned and describe future plans for utilization in the COMMENTS box below or provide as an attachment, as required by Rule 319.b.(3).

Date well temporarily abandoned _____ Has Production Equipment been removed from site? _____

Mechanical Integrity Test (MIT) required if shut in longer than 2 years. Date of last MIT _____

SPUD DATE: _____

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 Approximate Start Date _____

REPORT OF WORK DONE Date Work Completed 05/06/2013

<input type="checkbox"/> Intent to Recomplete (Form 2 also required)	<input checked="" type="checkbox"/> Request to Vent or Flare	<input type="checkbox"/> E&P Waste Mangement Plan
<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"/> Rule 502 variance requested. Must provide detailed info regarding request.	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases	

COMMENTS:

A COMPLETE GAS SAMPLE ANALYSIS IS ATTACHED.
 THE AVERAGE FLARING VOLUME IS 477.65 MCF/D; VOLUMES TESTED DAILY.
 .THE CONSTRUCTION OF A SALESLINE IS PENDING APPROVAL FOR A FEDERAL PERMIT, AT WHICH POINT SALES GAS WILL NOT BE FLARED. AN AIR PERMIT APPLICATION WILL BE FILLED WITH THE COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT (CDPHE) AIR POLLUTION CONTROL DIVISION (APCD).
 THERE IS A PRESENCE OF H2S; TEST RESULTS SHOWED 5.00 PPM.

CASING AND CEMENTING CHANGES

Casing Type	Size	Of	/	Hole	Size	Of	/	Casing	Wt/Ft	Csg/LinTop	Setting Depth	Sacks of Cement	Cement Bottom	Cement Top

H2S REPORTING

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:

Best Management Practices

No BMP/COA Type

Description

Operator Comments:

[Empty 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: PATRICIA MODEN
Title: AIR QLTY PRGM ADMIN. Email: PATRICIA.MODEN@CRZO.NET Date: 5/6/2013

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

COGCC Approved: BURN, DIANA Date: 9/9/2013

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

	<p>1) The flaring of natural gas shall be allowed in accordance with COGCC Rule 912 for the initial production test period. 2) Notify the local emergency dispatch or the local governmental designee of any natural gas flaring.</p> <p>3) The operator is required to obtain and maintain any required air permits from CDPHE.</p> <p>4) The flare volumes shall be reported by Form 7, Operator's Monthly Report of Operations.</p>
--	--

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
2166759	FORM 4 SUBMITTED
2166760	GAS ANALYSIS
400417331	LAS-

Total Attach: 3 Files