

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)894-2100 Fax: (303)894-2109



DC	CT	LC	EC
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REM #8164
RECEIVED 5/6/2014

SUNDRY NOTICE

Submit original plus one copy. This form is to be used for general, technical and environmental sundry information. For proposed or completed operations, describe in full on Technical Information Page (Page 2 of this form.) Identify well or other facility by API Number or by OGCC Facility ID. Operator shall send an informational copy of all sundry notices for wells located in High Density Areas to the Local Government Designee (Rule 603b.)

1. OGCC Operator Number: 10456	4. Contact Name: Ed Winters	Complete the Attachment Checklist
2. Name of Operator: Caerus Piceance LLC	Ed Winters	
3. Address: 120 Railroad Ave. STE D	Phone: 970-285-9606	OP OGCC
City: Parachute State: CO Zip: 81635	Fax: 970-285-9619	
5. API Number: See attached form	OGCC Facility ID Number:	Survey Plat
6. Well/Facility Name:	7. Well/Facility Number:	Directional Survey
8. Location (Qtr/Clr, Sec, Twp, Rng, Meridian):		Surface Eqpm Diagram
9. County:	10. Field Name:	Technical Info Page
11. Federal, Indian or State Lease Number:		Other <input checked="" type="checkbox"/>

General Notice

CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/qlr is substantive and requires a new permit)

Change of Surface Footage from Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Surface Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage from Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bottomhole location Qtr/Clr, Sec, Twp, Rng, Mer _____ attach directional survey

Latitude _____ Distance to nearest property line _____ Distance to nearest bldg, public rd, utility or RR _____

Longitude _____ Distance to nearest lease line _____ Is location in a High Density Area (rule 603b)? Yes/No

Ground Elevation _____ Distance to nearest well same formation _____ Surface owner consultation date: _____

GPS DATA:
Date of Measurement _____ PDOP Reading _____ Instrument Operator's Name _____

CHANGE SPACING UNIT

Formation	Formation Code	Spacing order number	Unit Acreage	Unit configuration

Remove from surface bond
Signed surface use agreement attached

CHANGE OF OPERATOR (prior to drilling):
Effective Date: _____
Plugging Bond: Blanket Individual

CHANGE WELL NAME NUMBER
From: _____
To: _____
Effective Date: _____

ABANDONED LOCATION:
Was location ever built? Yes No
Is site ready for inspection? Yes No
Date Ready for inspection: _____

NOTICE OF CONTINUED SHUT IN STATUS
Date well shut in or temporarily abandoned: _____
Has Production Equipment been removed from site? Yes No
MIT required if shut in longer than two years. Date of last MIT _____

SPUD DATE: _____ REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)

SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK *submit cbl and cement job summaries

Method used	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom	Date

RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004.
Final reclamation will commence on approximately _____ Final reclamation is completed and site is ready for inspection.

Technical Engineering/Environmental Notice

Notice of Intent Approximate Start Date: _____ Report of Work Done Date Work Completed: _____

Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)

<input type="checkbox"/> Intent to Recomplete (submit form 2)	<input type="checkbox"/> Request to Vent or Flare	<input type="checkbox"/> E&P Waste Disposal
<input type="checkbox"/> Change Drilling Plans	<input type="checkbox"/> Repair Well	<input type="checkbox"/> Beneficial Reuse of E&P Waste
<input type="checkbox"/> Gross Interval Changed?	<input type="checkbox"/> Rule 502 variance requested	<input type="checkbox"/> Status Update/Change of Remediation Plans
<input type="checkbox"/> Casing/Cementing Program Change	<input checked="" type="checkbox"/> Other: PBV Removal	for Spills and Releases

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

Signed: Edward T. Winters Date: 6 May 2014 Email: ewinters@caer.usoilandgas.com
Print Name: Edward T. Winters Title: EHS Professional

COGCC Approved: _____ Title _____ Date: _____

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1. OGCC Operator Number: 10456 API Number: _____
 2. Name of Operator: Caerus Piceance LLC OGCC Facility ID # _____
 3. Well/Facility Name: _____ Well/Facility Number: _____
 4. Location (Qtr,Qtr, Sec, Twp, Rng, Meridian): _____

This form is to be completed whenever a Sundry Notice is submitted requiring detailed report of work to be performed or completed. This form shall be transmitted within 30 days of work completed as a "subsequent" report and must accompany Form 4, page 1

5. DESCRIBE PROPOSED OR COMPLETED OPERATIONS

Caerus Piceance LLC (Caerus) is submitting this Form 4 to provide a list of partially buried vessels (PBVs) which are scheduled to be removed in the spring/summer months of 2013. The anticipated completion date for the removal of the listed PBVs is October 1, 2013. A Form 19 Spill/Release report will be submitted to the COGCC if it is determined that impacts associated from the PBV exceed the requirements set forth in COGCC Rule 905.

The listed locations have been approved under the previously submitted Form 27 Remediation Workplan in accordance with Rule 906b. See Remediation #8164.

Upon removal of each vault and successful remediation of any impacted soil associated with the vault, a Notice of Completion report will be submitted to the COGCC for project closure.

(*)

API Number	County	Facility Name	Facility Number	Well Name	Well Number	Location (Qtr,Qtr, Sec, Twp, Rng, Meridian)	NON-FACILITY
05-045-08989	Garfield	Chevron 42-5D (Parachute Creek 9)	335814	Chevron	42-5D	SWNW, Sec 4, T6S, R96W, 6th PM	435733
05-045-13473	Garfield	Chevron 41A-8D (Parachute Creek 7)	335811	Chevron	41A-8D	SWSW, Sec 4, T6S, R96W, 6th PM	435734
05-045-08211	Garfield	Chevron 41-8D	324198	Chevron	41-8D	NENE, Sec 8, T6S, R96W, 6th PM	435735
05-045-10322	Garfield	Puckett 22C-31D (Starkey 4)	335390 286274	Puckett	22C-31D	SWNE, Sec 31, T6S, R96W, 6th PM	435740
NA	Garfield	Garden Gulch Compressor Station Tank Battery	417558	NA	NA	SESW, Sec 8, T6S, R96W, 6th PM	NOT ASSIGNED
05-045-09525	Garfield	Chevron 23C-17D (Parachute Creek 4)	335773	Chevron	23C-17D	NESW, Sec 17, T6S, R96W, 6th PM	435750
05-045-13546	Garfield	Chevron 42A-8D (Parachute Creek 6)	335785	Chevron	42A-8D	NENE, Sec 8, T6S, R96W, 6th PM	435752
05-045-10535	Garfield	Puckett 13D-31D (Starkey 7)	335092	Puckett	13D-31D	NESW, Sec 31, T6S, R96W, 6th PM	435756
05-045-08212	Garfield	Chevron 42-8 (Parachute Creek 12)	324199	Chevron	42-8	SENE, Sec 8, T6S, R96W, 6th PM	435757
05-045-13969	Garfield	Chevron 21D-7D (Garden Gulch 7)	335881	Chevron	21D-7D	SENE, Sec 7, T6S, R96W, 6th PM	435758
05-045-10439	Garfield	Puckett 21B-7 (Mesa 1)	334684	Puckett	21B-7	NENW, Sec 7, T7S, R96W, 6th PM	435759
05-045-10897	Garfield	Puckett 246-1	324324	Puckett	246-1	NESW, Sec 1, T7S, R96W, 6th PM	435760
05-045-07772	Garfield	Unocal 23-4D (Unocal 4)	335778	Unocal	23-4D	NESW, Sec 4, T6S, R96W, 6th PM	435782

(*) Ask Caerus for tank coords. To create Non-Facility ID for the partially buried tank.