

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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DE	ET	OE	ES
Document Number: <u>400717843</u>			
Date Received: <u>10/27/2014</u>			

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:	7125	Contact Name	Bob Beeman
Name of Operator:	BEEMAN OIL & GAS LLC	Phone:	(435) 260-8616
Address:	418 COTTONWOOD LANE	Fax:	()
City:	MOAB	State:	UT
Zip:	84532	Email:	robertbeeman@msn.com

Complete the Attachment Checklist

OP OGCC

API Number :	05-	067	09363	00	OGCC Facility ID Number:	290406
Well/Facility Name:	GLADYS			Well/Facility Number:	2	
Location	QtrQtr:	SENE	Section:	14	Township:	33N
					Range:	12W
					Meridian:	N
County:	LA PLATA		Field Name:	RED MESA		
Federal, Indian or State Lease Number:						

Survey Plat		
Directional Survey		
Srvc Eqpmnt 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:

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

Current Surface Location From	QtrQtr	SENE	Sec	14
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New **Surface** Location To QtrQtr Sec

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

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

Current Top of Productive Zone Location From	Sec	
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New Top of Productive Zone Location To	Sec	
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Change of **Bottomhole** Footage **From** Exterior Section Lines:

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

Current **Bottomhole** Location Sec Twp

New **Bottomhole** Location Sec Twp

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

FNL/FSL		FEL/FWL	
1950	FNL	653	FEL
Twp	33N	Range	12W
Tw		Range	
Tw		Range	
Tw		Range	
Range		** attach deviated drilling plan	
Range			

** attach deviated drilling plan

CHANGE OR ADD OBJECTIVE FORMATION AND/OR SPACING UNIT				
Objective Formation	Formation Code	Spacing Order Number	Unit Acreage	Unit Configuration

<u>Objective Formation</u>	<u>Formation Code</u>	<u>Spacing Order Number</u>	<u>Unit Acreage</u>	<u>Unit Configuration</u>

OTHER CHANGES

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

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

From: Name GLADYS Number 2 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) – COGCC Pit Facility ID Number _____ has not been constructed (Permitted and constructed pit requires closure per Rule 905)

☐ 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 908)

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 CONFIDENTIAL STATUS**

☐ **DIGITAL WELL LOG UPLOAD**

☐ **DOCUMENTS SUBMITTED** Purpose of Submission: _____

RECLAMATION	
INTERIM RECLAMATION	
<input checked="" type="checkbox"/>	Interim Reclamation will commence approximately <u>11/20/2014</u> 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.
<input type="checkbox"/>	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	
<input type="checkbox"/>	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.
<input type="checkbox"/>	Final reclamation complete, site ready for inspection. Per Rule 1004.c.(4) describe final reclamation procedure in Comments below or provide as an attachment.
Field inspection will be conducted to document Rule 1004.c. compliance	

Comments:

A Surface Reseeding and Weed Treatment Plan is attached in response to COGCC Field Inspection # 669500335, dated 08/12/2014.

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 _____

- | | | |
|--|---|--|
| <input type="checkbox"/> Intent to Recomplete (Form 2 also required) | <input 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:

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

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

Operator Comments:

A Surface Reseeding and Weed Treatment Plan is attached in response to COGCC Field Inspection # 669500335, dated 08/12/2014.

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

Signed: _____ Print Name: Don Hamilton
Title: Permitting Agent Email: starpoint@etv.net Date: 10/27/2014

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

COGCC Approved: Arthur, Denise Date: 12/9/2014

CONDITIONS OF APPROVAL, IF ANY:**COA Type****Description**

	COGCC inspector requests an explanation as to why areas infested with Russian knapweed will be flagged off and avoided during the reseeded effort. How will these areas be revegetated otherwise?
	The report states that there will be a comparison with the location and a "random adjacent area transect" to achieve 30% vegetation after a year to determine if contingency fertilizer, soil amendment, and mulching plans are needed. A random adjacent area transect would not be the best way to determine this because it is not what COGCC will use to determine reclamation success. We recommend using a reference area vegetation transect that is not random but contains soil and vegetation composition representative of pre-disturbance vegetation (excluding noxious weeds).
	COGCC Reclamation Specialists strongly recommend mulching the location at the time of seeding. Mulching is known to provide several benefits (such as increased soil moisture, microbial activity, decreased erosion, etc.) to reclamation locations.
	Herbicide weed treatment on newly seeded areas in spring after seed application will likely result in mortality of desirable germinating seedlings. We recommend mechanical weed treatment during this period and that herbicide treatment be delayed at least until young seedlings are established.
	Approval of this plan is an acknowledgement that the plan was received and is not an approval of the methods in the plan.

General Comments**User Group****Comment****Comment Date**

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Total: 0 comment(s)

Attachment Check List**Att Doc Num****Name**

400717843	FORM 4 SUBMITTED
400717852	INTERIM RECLAMATION PROCEDURE

Total Attach: 2 Files