

State of Colorado
Oil and Gas Conservation Commission

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



DE	ET	OE	ES
Document Number: 401134527			
Date Received:			

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: 10633 Contact Name Toby Sachen
 Name of Operator: CRESTONE PEAK RESOURCES OPERATING LLC Phone: (720) 410-8494
 Address: 370 17TH STREET #2170 Fax: ()
 City: DENVER State: CO Zip: 80202 Email: toby.sachen@crestonepr.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 123 43296 00 OGCC Facility ID Number: 446282
 Well/Facility Name: Morgan Hills Well/Facility Number: 1E-7H-A168
 Location QtrQtr: NENE Section: 7 Township: 1N Range: 68W Meridian: 6
 County: WELD Field Name: WATTENBERG
 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: HORIZONTAL (Vertical, Directional, Horizontal)

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

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

Current **Surface** Location **From** QtrQtr NENE Sec 7

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 7

New **Top of Productive Zone** Location **To** Sec 7

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

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

Current **Bottomhole** Location Sec 18 Twp 1N

New **Bottomhole** Location Sec 18 Twp 1N

Is location in High Density Area? _____

Distance, in feet, to nearest building _____, public road: _____, above ground utility: _____, railroad: _____,
 property line: _____, lease line: 0, well in same formation: 163

Ground Elevation _____ feet Surface owner consultation date _____

FNL/FSL		FEL/FWL	
<u>368</u>	<u>FNL</u>	<u>359</u>	<u>FEL</u>
_____	_____	_____	_____
Twp <u>1N</u>	Range <u>68W</u>	Meridian <u>6</u>	
Twp _____	Range _____	Meridian _____	
<u>765</u>	<u>FNL</u>	<u>1072</u>	<u>FEL</u>
<u>480</u>	<u>FNL</u>	<u>1266</u>	<u>FEL</u> **
Twp <u>1N</u>	Range <u>68W</u>		
Twp <u>1N</u>	Range <u>68W</u>		
<u>470</u>	<u>FSL</u>	<u>1150</u>	<u>FEL</u>
<u>470</u>	<u>FSL</u>	<u>1150</u>	<u>FEL</u> **

** attach deviated drilling plan

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>
CODELL-FORT HAYS	CD-FH		640	GWA

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 MORGAN HILLS Number 1E-7H-A168 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**

☐ 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.

☐ 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:

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 11/20/2016

☐ REPORT OF WORK DONE Date Work Completed _____

- ☐ Intent to Recomplete (Form 2 also required)
- ☐ Request to Vent or Flare
- ☐ E&P Waste Mangement Plan
- ☒ Change Drilling Plan
- ☐ Repair Well
- ☐ Beneficial Reuse of E&P Waste
- ☐ Gross Interval Change
- ☐ Rule 502 variance requested. Must provide detailed info regarding request.
- ☐ Other _____
- ☐ Status Update/Change of Remediation Plans for Spills and Releases

COMMENTS:

This sundry is a request to change drilling plan, change casing plan, change formation and a request to drill with oil based mud. Drilling program is being changed to monobore, therefore changing the casing and cement program. There will be no intermediate casing.
Drilling Fluids Disposal: OFFSITE * Method: COMMERCIAL DISPOSAL
Cuttings Disposal: OFFSITE * Method: COMMERCIAL DISPOSAL
Drilling fluids disposal: Crestone Peak Resources will reuse water-based drilling fluids to the maximum extent possible, remaining fluids will be disposed of at a licensed, commercial disposal site.
Crestone Peak Resources will reuse oil-based drilling fluids to the maximum extent possible, remaining fluids will be disposed of at a licensed, commercial disposal site.
Cuttings disposal: Cuttings will be solidified onsite for offsite removal to a licensed, commercial disposal facility.
In addition, cuttings are contained in closed loop solids control equipment; they then go through shale shakers and into a three sided bin. From there, the cuttings go into a sealed container made for cuttings. The container is picked up by truck and hauled to a landfill. All equipment is contained on the ground with a 120mm liner. There is no chance of hydrocarbon migration from a rain event. The Waste Management Plan containing more complete information on disposal of drilling fluids and cuttings is attached to the sundry for location #446290, document number 401141198.

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
Conductor Casing	24				16				30	0	80	80	80	0
Surface String	13	1		2	9	5		8	40	0	1850	835	1850	0
Second String	8	1		2	5	1		2	20	0	17704	2700	17704	0

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

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Operator Comments:

Nearest well permitted or completed in the same formation is Erie Champlin B Unit 2.

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

Signed: _____ Print Name: Toby Sachen

Title: Regulatory Analyst Email: toby.sachen@crestonepr.com Date: _____

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

COGCC Approved: _____ Date: _____

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

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

		Stamp Upon Approval
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Total: 0 comment(s)

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

401141656	DEVIATED DRILLING PLAN
401141658	DIRECTIONAL DATA
401141923	WELL LOCATION PLAT
401142385	OFFSET WELL EVALUATION

Total Attach: 4 Files