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| DE | ET | OE | ES |
| Document Number: 401161904 | | | |
| 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: 10447 | Contact Name JENNIFER LIND | Complete the Attachment Checklist |
| Name of Operator: URSA OPERATING COMPANY LLC | Phone: (720) 508-8362 | |
| Address: 1050 17TH STREET #1700 | Fax: () | |
| City: DENVER State: CO Zip: 80265 Email: JIND@URSARESOURCES.COM | | |
| API Number : 05- 045 23328 00 | OGCC Facility ID Number: 447716 | Survey Plat |
| Well/Facility Name: BMC B | Well/Facility Number: 22D-18-07-95 | Directional Survey |
| Location QtrQtr: SWNW Section: 18 Township: 7S Range: 95W Meridian: 6 | | Srfc Eqpmt Diagram |
| County: GARFIELD Field Name: WILDCAT | | Technical Info Page |
| Federal, Indian or State Lease Number: | | 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 39.438809

PDOP Reading 1.7

Date of Measurement 06/16/2014

Longitude -108.046304

GPS Instrument Operator's Name

HOFFMANN

LOCATION CHANGE (all measurements in Feet)

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

Change of Surface Footage From Exterior Section Lines:

Change of Surface Footage To Exterior Section Lines:

| | | | | | |
|-------------------------------|-------------|--------|--------|-----------|------------|
| Current Surface Location From | QtrQtr SWNW | Sec 18 | Twp 7S | Range 95W | Meridian 6 |
| New Surface Location To | QtrQtr SWNW | Sec 18 | Twp 7S | Range 95W | Meridian 6 |

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 18

Twp 7S

Range 95W

New Top of Productive Zone Location To

Sec

Twp

Range

Change of Bottomhole Footage From Exterior Section Lines:

Change of Bottomhole Footage To Exterior Section Lines:

Current Bottomhole Location

Sec 18

Twp 7S

Range 95W

New Bottomhole Location

Sec

Twp

Range

Is location in High Density Area? Yes

Distance, in feet, to nearest building 340 , public road: 602 , above ground utility: 189 , railroad: 3944 ,

property line: 285 , lease line: , well in same formation:

Ground Elevation 5098 feet

Surface owner consultation date 09/24/2015

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> |
|----------------------------|-----------------------|-----------------------------|---------------------|---------------------------|
| | | | | |

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 BMC B Number 22D-18-07-95 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 01/01/2017

☐ 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:

UPDATED CASING/CEMENT INFORMATION SUBMITTED TO ACCOMODATE SLIGHT SURFACE HOLE LOCATION SHIFT.

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 | | | | 75 | 0 | 60 | 111 | 60 | 0 |
| Surface String | 12 | 1 | | 4 | 8 | 5 | | 8 | 32 | 0 | 1776 | 367 | 1776 | 0 |
| First String | 7 | 7 | | 8 | 4 | 1 | | 2 | 11.6 | 0 | 6612 | 574 | 6612 | 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

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

Operator Comments:

DUE TO A SHIFT IN BOTTOM-HOLE LOCATIONS BEING ACCESSED FROM THE BMC B PAD, THE SURFACE LOCATION FOR THIS WELL WAS SHIFTED ON THE PAD TO BETTER ACCOMODATE DIRECTIONAL ANTI-COLLISION PLANS. REVISED WELL LOCATION PLAT AND DEVIATED DRILLING PLAN ARE ATTACHED.

IN ACCORDANCE WITH THE FORM 2A FOR THE BMC B PAD (LOC ID 447695), THE ABOVE GROUND UTILITY LINE WITHIN 200' OF THE PROPOSED PAD LOCATION WILL BE RELOCATED PRIOR TO THE COMMENCEMENT OF DRILLING OPERATIONS PER AGREEMENT WITH THE SURFACE OWNER. THE ABOVE GROUND UTILITY LINE WILL BE MOVED TO A LOCATION THAT EXCEEDS THE RULE 603.a.(2) SETBACK REQUIREMENT OF 200'. AN EXCEPTION TO RULE 603.a.(2) IS NOT BEING REQUESTED AT THIS TIME AS THE LINE RELOCATION WILL BE COMPLETE PRIOR TO DRILLING OF THIS WELL.

NO CHANGES ARE PROPOSED TO THE PERMITTED BOTTOM-HOLE LOCATION OR TARGET FORMATION AT THIS TIME. ALL DISTANCES TO WELLS, LEASE LINES AND UNIT BOUNDARIES WILL REMAIN UNCHANGED FROM THE APPROVED FORM 2. REVISED WELLBORE DESIGN (CASING AND CEMENT PROGRAM) IS INCLUDED ON THE "CASING/CEMENTING" TAB. NO OTHER INFORMATION OR ATTACHMENTS PREVIOUSLY SUBMITTED WITH THE APPROVED FORM 2 HAVE CHANGED, THEREFORE ARE NOT ATTACHED WITH THIS SUNDRY SUBMITTAL.

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

Signed: _____ Print Name: JENNIFER LIND
Title: REGULATORY ANALYST Email: JIND@URSARESOURCE.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**

| | |
|--|--|
| | |
|--|--|

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

| | | |
|--|--|---------------------|
| | | Stamp Upon Approval |
|--|--|---------------------|

Total: 0 comment(s)

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

| | |
|-----------|------------------------|
| 401161934 | DEVIATED DRILLING PLAN |
| 401161935 | WELL LOCATION PLAT |
| 401161936 | DIRECTIONAL DATA |

Total Attach: 3 Files