

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 FEDERAL Number RU 312-17 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 04/30/2018

☐ 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 checked="" type="checkbox"/> Other <u>Request to Complete</u> | <input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases | |

COMMENTS:

TEP Rocky Mountain LLC respectfully requests approval to start completion operations on the RU 312-17 on April 30, 2018. Attached please find the CBL, WBD, and temperature survey.

WELL: RU 312-17
LOCATION: Section 17 T 7S-R93W
API#: 05-045-23736
TEMP LOG RUN DATE: 3/6/2018
TOP OF CEMENT: 4284
TOP OF GAS: 9015
TOP PERF: 9000

03/6/2018 @ 0330 / 0 PSI BRAIDEN HEAD @ 6 HRS* DONE
03/6/2018 @ 0930 / 50 PSI BRAIDEN HEAD @ 12 HRS* DONE
03/6/2018 @ 2130 / 70 PSI BRAIDEN HEAD @ 24 HRS* DONE
03/7/2018 @ 0930 / 75 PSI BRAIDEN HEAD @ 36 HRS* DONE
03/7/2018 @ 2130 / 75 PSI BRAIDEN HEAD @ 48 HRS* DONE
03/8/2018 @ 2130 / 70 PSI BRAIDEN HEAD @ 72 HRS* DONE

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 _____

Date Run: 4/18/2018 Doc [#401611952]

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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:

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

Signed: _____ Print Name: Kellye Garcia

Title: Land & Regulatory Tech Email: kgarcia@terraep.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**

401611959	PDF-CBL 1ST RUN
401611960	PDF-TEMPERATURE
401611962	PDF-TEMPERATURE
401611966	WELLBORE DIAGRAM

Total Attach: 4 Files