

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: 401673477			
Date Received: 06/20/2018			

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: 10598 Contact Name Spence Laird
 Name of Operator: SANDRIDGE EXPLORATION & PRODUCTION LLC Phone: (405) 420-8415
 Address: 123 ROBERT S KERR AVE Fax: ()
 City: OKLAHOMA CITY State: OK Zip: 73102 Email: slaird@sandridgeenergy.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 057 06582 00 OGCC Facility ID Number: 447587
 Well/Facility Name: Peters 0781 Well/Facility Number: 13-13H12
 Location QtrQtr: Lot 4 Section: 18 Township: 7N Range: 80W Meridian: 6
 County: JACKSON Field Name: WILDCAT
 Federal, Indian or State Lease Number: _____

Survey Plat		
Directional Survey		
Srfc 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 40.571458 PDOP Reading 1.1 Date of Measurement 09/26/2017
 Longitude -106.424511 GPS Instrument Operator's Name Greg Weimer

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 Lot 4 Sec 18

New **Surface** Location **To** QtrQtr Lot 4 Sec 18

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 13

New **Top of Productive Zone** Location **To** Sec 13

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

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

Current **Bottomhole** Location Sec 12 Twp 7N

New **Bottomhole** Location Sec 12 Twp 7N

Is location in High Density Area? No

Distance, in feet, to nearest building 4155, public road: 4830, above ground utility: 4733, railroad: 5280,
 property line: 195, lease line: 195, well in same formation: 257

Ground Elevation 8207 feet Surface owner consultation date _____

FNL/FSL		FEL/FWL	
<u>368</u>	<u>FSL</u>	<u>155</u>	<u>FWL</u>
<u>370</u>	<u>FSL</u>	<u>195</u>	<u>FWL</u>
Twp <u>7N</u>	Range <u>80W</u>	Meridian <u>6</u>	
Twp <u>7N</u>	Range <u>80W</u>	Meridian <u>6</u>	
<u>1000</u>	<u>FSL</u>	<u>612</u>	<u>FEL</u>
<u>801</u>	<u>FSL</u>	<u>1060</u>	<u>FEL</u> **
Twp <u>7N</u>	Range <u>81W</u>		
Twp <u>7N</u>	Range <u>81W</u>		
<u>100</u>	<u>FNL</u>	<u>612</u>	<u>FEL</u>
<u>100</u>	<u>FNL</u>	<u>1060</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>
NIOBRARA	NBRR	531-57	640	E/2 Sec. 12 & 13

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 PETERS 0781 Number 13-13H12 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 07/01/2018

☐ 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 checked="" 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
Conductor Casing	26				16				42	0	90	190	90	0
Surface String	12	1		4	9	5		8	36	0	2400	630	2400	0
First String	8	3		4	5	1		2	20	0	16732	3000	16732	

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

Operator Comments:

The distance to the closest well in the same formation was measured to the permitted Peters 0781 15-13H12 using horizontal and vertical separation. This offset well is operated by SandRidge.

Please contact Angela Callaway at 214-364-3713 or at acallaway@upstreampm.com for questions regarding this Sundry Notice.

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

Signed: _____ Print Name: Angela Callaway
Title: Permit Agent Email: acallaway@upstreampm.com Date: 6/20/2018

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

COGCC Approved: Wolfe, Stephen Date: 7/25/2018

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

- 1) A copy of this sundry shall be posted at the wellsite with the previously approved permit to drill and previously approved changes to the drilling plan by sundry.
- 2) Operator shall comply with the most current revision of the Northwest Notification Policy.
- 3) Oil-based drilling fluid is to be used only after all fresh water aquifers are covered.
- 4) Operator shall provide cement coverage from the production casing shoe (5 1/2" First String) to a minimum of 200' above the surface casing shoe to provide full isolation of the Coalmont Formation. Verify production casing cement coverage with a cement bond log.
- 5) Operator acknowledges the proximity of the listed non-operated wells. Operator assures that this offset list will be remediated per the Horizontal Offset Policy (option 4). Operator will submit a Form 42 ("OTHER – AS SPECIFIED BY PERMIT CONDITION") stating that appropriate mitigation will be completed, during the hydraulic stimulation of this well. This Form 42 shall be filed 48 hours prior to stimulation. Operator will assure that the well's Bradenhead is open and monitored during the entire stimulation treatment – a person will monitor for any evidence of fluid, a Bradenhead test will be performed prior to the beginning of stimulation.
 HEBRON 02-07H (API 05-057-06499)
 Peters 0781 16-12H13 (API 05-057-06597)
 Hebron 3-12H (API 05-057-06498)

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

Engineer	WW 455'	07/25/2018
Engineer	317.r No active non-op wellbores within 150'. 317.s No stimulation setback consents required.	07/25/2018
Engineer	Engineering review complete.	07/12/2018

Total: 3 comment(s)

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

401673477	SUNDRY NOTICE APPROVED-LOC-OBJ-DRLG-CSG
401674326	WELL LOCATION PLAT
401674327	DEVIATED DRILLING PLAN
401674330	DIRECTIONAL DATA
401715071	FORM 4 SUBMITTED

Total Attach: 5 Files