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| DE | ET | OE | ES |
| Document Number: <div>401869002</div> | | | |
| 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 | Meghan Campbell | <div>Complete the Attachment Checklist</div> <div>OP OGCC</div> | |
| Name of Operator: CRESTONE PEAK RESOURCES OPERATING LLC | Phone: | (720) 410-8487 | | |
| Address: 1801 CALIFORNIA STREET #2500 | Fax: | () | | |
| City: DENVER | State: CO | Zip: 80202 | | |
| Email: meghan.campbell@crestonepr.com | | | | |
| API Number : 05- 123 47167 00 | OGCC Facility ID Number: | 455601 | Survey Plat | |
| Well/Facility Name: Hingley | Well/Facility Number: | 1A-18H-A167 | Directional Survey | |
| Location QtrQtr: NENE | Section: 18 | Township: 1N | Range: 67W | Meridian: 6 |
| County: WELD | Field Name: | WATTENBERG | | 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

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

NENE

 Sec

18

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

18

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

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

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

Current **Bottomhole** Location Sec

18

 Twp

1N

 Range

67W

New **Bottomhole** Location Sec Twp Range

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 | |
| 514 | FNL | 617 | FEL |
| | | | |
| Twp 1N | Range 67W | Meridian 6 | |
| Twp | Range | Meridian | |
| 460 | FNL | 2400 | FEL |
| | | | |
| Twp 1N | Range 67W | | |
| Twp | Range | | |
| 460 | FSL | 2400 | FEL |
| | | | |
| | | | ** |

** 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> |
|----------------------------|-----------------------|-----------------------------|---------------------|---------------------------|
| | | | | |

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 HINGLEY Number 1A-18H-A167 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 01/02/2019

☐ 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 Log Program Exception Request☐ 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> |
|------------------|--------------------------------|----------------------------|---|
| 5 | Drilling/Completion Operations | | One of the first wells drilled on the pad will be logged with Cased hole Pulsed Neutron Log with Gamma Ray Log from the kick-off point to into the surface casing. All wells on the pad will have a cement bond log with gamma-ray run on production casing (or on intermediate casing if production liner is run) into the surface casing. The horizontal portion of every well will be logged with a measured while-drilling gamma-ray log. The Form 5, Completion Report, for each well on the pad will list all logs run in that well and have those logs attached. The Form 5 for each well shall clearly state "No openhole logs were run" and shall reference the Rule 317.p Exception granted for the well. |

Total: 1 comment(s)

Operator Comments:

Crestone would also like to ask for the Rule 317.p exception for the previously referenced well and all of the wells on the pad, listed below:

Hingley 1B-18H-A167 401538098
Hingley 1C-18H-A167 401538099
Hingley 1D-18H-A167 401538100
Hingley 1E-18H-A167 401538102
Hingley 1F-18H-A167 401538103
Hingley 1G-18H-A167 401538104
Hingley 1H-18H-A167 401538106
Hingley 1I-18H-A167 401538108
Hingley 1J-18H-A167 401538109
Hingley 1K-18H-A167 401538111

Please see attached letter requesting the exception per existing offset well Hingley Farms 1 (123-07367) which has a good induction log.

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

Signed: _____ Print Name: Meghan Campbell
Title: Regulatory Analyst Email: meghan.campbell@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:

| <u>COA Type</u> | <u>Description</u> |
|-----------------|--------------------|
| | |

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
| | | Stamp Upon Approval |

Total: 0 comment(s)

Attachment Check List

| <u>Att Doc Num</u> | <u>Name</u> |
|--------------------|-----------------------------|
| 401869236 | OPEN HOLE LOGGING EXCEPTION |

Total Attach: 1 Files