

# State of Colorado Oil and Gas Conservation Commission

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DE	ET	OE	ES
Document Number: <b>401972261</b>			
Date Received: <b>03/14/2019</b>			

## 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: 10110 Contact Name DeAnna Baird  
 Name of Operator: GREAT WESTERN OPERATING COMPANY LLC Phone: (720) 595-2151  
 Address: 1001 17TH STREET #2000 Fax: ( )  
 City: DENVER State: CO Zip: 80202 Email: dbaird@gwogco.com

Complete the Attachment  
Checklist

OP OGCC

API Number : 05- 001 10262 00 OGCC Facility ID Number: 458712  
 Well/Facility Name: B-Farm LD Well/Facility Number: 18-389HN  
 Location QtrQtr: NENW Section: 7 Township: 1S Range: 67W Meridian: 6  
 County: ADAMS 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: \_\_\_\_\_ (Vertical, Directional, Horizontal)

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

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

Current **Surface** Location **From** QtrQtr NENW 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 \_\_\_\_\_

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

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

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

New **Bottomhole** Location Sec \_\_\_\_\_ Twp \_\_\_\_\_

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	
1004	FNL	1843	FWL
Twp 1S	Range 67W	Meridian 6	
Twp	Range	Meridian	
460	FNL	2317	FWL
Twp 1S	Range 67W		
Twp	Range		
150	FSL	2231	FWL
Twp 1S	Range 67W		
Twp	Range		

\*\*

\*\*

\*\* 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 B-FARM LD Number 18-389HN 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 \_\_\_\_\_

☐ 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 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

#### 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**

<b><u>No</u></b>		<b><u>BMP/COA Type</u></b>	<b><u>Description</u></b>

**Operator Comments:**

Three wells, B-Farm LD 18-389HN (05-001-10262), B-Farm LD 18-390HN (05-001-10271) and B-Farm LD 18-391HNX (05-001-10258) have COA's for the Veal 14-6 (1) (05-001-09091) and the North Colorado Blvd 1 (05-001-07005) (note this API number on the COA was listed as the Zarlengo 1 well, but the API # from the North Colorado Blvd 1 well). Both of the COA'd wells are beyond the required 1500' of the wells currently drilled to be stimulated. We are requesting that for the stimulation of the above 3 wells, Great Western be allowed to use Option 4 of the Horizontal Offset Policy and actively monitor the Bradenhead of these two wells during the stimulation. GWOG operates the Veal well. The North Colorado Blvd well has been shut in since early 2014, and shows Energy Search as the operator. At this time, GWOG prefers not to shut in the Veal because it is a lease holding well by production. At the time that B-Farm wells further west in the section are drilled the COA's for these two wells will be addressed. To monitor the Bradenhead, GWOG will install temporary automation equipment prior to the stimulation and the Bradenhead will be actively monitored via SCADA until the stimulation is complete. If the Bradenhead encounters any changes according to the Bradenhead Monitoring Policy, stimulation operations will be stopped and the COGCC notified. This request is only for the 3 B-Farm wells listed above. At such time wells further west are drilled, the COA's will be addressed with Options 1, 2 or 3.

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

Signed: \_\_\_\_\_ Print Name: DeAnna Baird  
 Title: Sr Drilling Technologist Email: dbaird@gwogco.com Date: 3/14/2019

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: 3/15/2019

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

Operator acknowledges the proximity of the listed wells. Operator assures that this offset list will utilize Option 4 per the DJ Basin Horizontal Offset Policy. Prior to stimulation of this well, for this list of offset wells, conduct a bradenhead test and submit the Form 17 within ten days. If the starting pressure prior to opening the bradenhead valve is greater than 25 psig, then the offset well shall be plumbed to a tank and actively monitored during stimulation of this well or remediated prior to offset stimulation. A summary of monitoring data shall be submitted via Form 4 sundry. Submit Form 42(s) ("OFFSET MITIGATION COMPLETED") for the remediated wells, referencing the API Number of the proposed horizontal well(s) stating what appropriate mitigation occurred and that it has been completed, prior to the hydraulic stimulation of this well.  
 Veal 14-6 (1) (05-001-09091), North Colorado Blvd 1 (05-001-07005)

**General Comments**

<b>User Group</b>	<b>Comment</b>	<b>Comment Date</b>
Routing Review	Routing Review - a new task has been created for COGCC Engineering to review this form.	03/14/2019

Total: 1 comment(s)

**Attachment Check List**

<b>Att Doc Num</b>	<b>Name</b>
401972261	SUNDRY NOTICE APPROVED
401973445	FORM 4 SUBMITTED

Total Attach: 2 Files