

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 HUMISTON, EVERETT (OWP) Number 1 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 09/13/2019

- | | | |
|--|---|--|
| <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>Dom. well report</u> | <input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases | |

COMMENTS:

Name of Person Completing Report (Print) Joyce Humiston
(Signature) - sign document when submitting
Date Completed 10-08-2019

Contact Information _____

Street 2145 Golf Course Lane
City Cortez

State CO Zip 81321
Phone 970-799-0933 Emergency Contact Phone 970-799-0933
Email jhumiston@cghealthinc.net

- 1) Are you the registered owner/operator of the well? Yes___ No_X
2) Is there a Designated Agent reporting on your behalf? Yes___ No_X
3) Are you clearly aware of your liabilities regarding this well under COGCC Rules?
Yes___ No_X
4) Are you currently using the gas from this well? Yes___ No_X
5) How many homes, buildings and/or tenants use gas from this well? _____
6) If the well is not producing gas, when was it used last? it was venue used
7) What is the gas used for (home, outbuildings, irrigation engine, etc.)? - _____
8) If in current use, does well adequately provide gas for intended use or must it be allowed to build pressure/volume between uses?

- 9) If well must be allowed buildup time, approximately how long is that period? _____
10) Is the gas dry or must liquids be removed? How often?
Dry _____ Liquids Removed _____
11) If liquids are removed from gas, approximately how much fluid does that amount to and what is done with that liquid (hauled off, allowed to evaporate....)? Is the liquid stored in a tank or an earthen pit?
Amount (estimate) _____ Tank _____ Earthen Pit _____

- 12) Have you ever performed any maintenance on the casing or wellbore? What type of maintenance, and when was it performed?
Yes___ No_X Date Maintenance Performed _____
Maintenance _____ Bond was cashed well venue used. _____

- 13) Are you aware of any current well casing, wellhead, or equipment leaks associated with the well? Yes___ No_X
14) Has any bubbling, stained soil, or stressed vegetation been observed near the domestic gas well? Yes___ No_X
15) Is a domestic water well, stream or irrigation ditch/canal located within 1/2 mile of the domestic gas well? How far away? Has any bubbling or have any unusual odors been observed in water from the domestic water well?
Near Water Well/Stream/Irrigation Ditch/Canal Yes___ No_X
Approximate Distance to Water Well No Water Well
Bubbling/Odors Yes___ No_X
16) Is the well currently accessible by vehicle (passable roads, locked gates)? Yes_X No___ (locked gates)
17) Does the current signage for the well meet the requirements of Rule 210? Yes___ No___ (I do not know, the state is responsible for it)
a. Operator name Yes_X No___
b. Phone number where operator can be reached 24/7 Yes_X No___
c. Phone number for local emergency services Yes_X No___
d. Well's legal location including quarter quarter section Yes___ No___ (I do not know)

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>

Operator Comments:

18) Provide these details to register the domestic tap associated with this well

- a. Operator Information (contact info) _____
- b. Domestic Tap Well location ID or API (API # top of Sundry) _____
- c. Domestic Tap Facility Information:
- Installation/Discovery Date (original well date) _____
 - Well-side tap(s) Latitude/Longitude (starting point of tap (wellhead))
 - o Latitude _____
 - o Longitude _____
 - Street address(es) or Lat/Long of the Point(s) of Delivery _____

19) Is there an odorant supplied for the methane? Yes___ No_X_

20) Is there a methane detector in the building supplied by the tap? Yes___ No___

Note from the person that filled out the form: I am not the owner, my elderly father is the owner. I have attached paper work that plugging and abandonment was aquirable in 2012.

Thank you,
Joyce Humiston

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

Signed: _____ Print Name: Joyce Humiston

Title: owner Email: jhumiston@cghealthinc.net Date: 3/6/2020

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

COGCC Approved: Nguyen, Angela Date: 3/6/2020

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**

402176213	SUNDRY NOTICE APPROVED-OTHER
402334961	FORM 4 SUBMITTED

Total Attach: 2 Files