

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: <u>402176219</u> 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: <u>200323</u> Contact Name <u>Dan Johnson</u>				Complete the Attachment Checklist OP OGCC		
Name of Operator: <u>PICEANCE CREEK RANCH LTD</u>		Phone: <u>(970) 8785103</u>				
Address: <u>11539 CO RD 5</u>		Fax: <u>()</u>				
City: <u>RIFLE</u>	State: <u>CO</u>	Zip: <u>81650</u>	Email: <u>piceancecreekranch@gmail.com</u>			
API Number : 05- <u>103</u> <u>05066</u> <u>00</u> OGCC Facility ID Number: <u>228244</u>				Survey Plat		
Well/Facility Name: <u>CLUBINE, ERIC</u>		Well/Facility Number: <u>1</u>		Directional Survey		
Location QtrQtr: <u>NENE</u>	Section: <u>18</u>	Township: <u>3S</u>	Range: <u>95W</u>	Meridian: <u>6</u>	Srfc Eqpmt Diagram	
County: <u>RIO BLANCO</u>		Field Name: <u>PICEANCE CREEK SOUTH</u>		Technical Info Page		
Federal, Indian or State Lease Number: <u>45486</u>				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 _____ GPS Quality Value: _____ Type of GPS Quality Value: _____ Measurement Date: _____
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	
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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 Twp

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	
660	FNL	660	FEL
Twp 3S	Range 95W	Meridian	6
Twp	Range	Meridian	
			**
Twp	Range		
Twp	Range		
			**
Range		** attach deviated drilling plan	
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 CLUBINE, ERIC 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) _____ Dan Johnson _____
 (Signature) - sign document when submitting
 Date Completed _____ 10/2/2019 _____

Contact Information _____ Dan Johnson _____ (970)878-5103 _____

Street _____ 11539 Co. Rd. 5 _____
 City _____ Rifle _____

State _____ CO _____ Zip _____ 81650 _____
 Phone _____ 970-878-5103 _____ Emergency Contact Phone _____
 Email _____ piceancecreekbranch@gmail.com _____

- 1) Are you the registered owner/operator of the well? Yes ☒ No ☐
- 2) Is there a Designated Agent reporting on your behalf? Yes ☐ No ☒
- 3) Are you clearly aware of your liabilities regarding this well under COGCC Rules?
 Yes ☐ No ☒
- 4) Are you currently using the gas from this well? Yes ☒ No ☐ (and buildings)
- 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? _____
- 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?
 _____adequate _____
- 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 ☒ Date Maintenance Performed _____
 Maintenance _____
- 13) Are you aware of any current well casing, wellhead, or equipment leaks associated with the well? Yes ☐ No ☒
- 14) Has any bubbling, stained soil, or stressed vegetation been observed near the domestic gas well? Yes ☐ No ☒
- 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 ☒
 Approximate Distance to Water Well _____
 Bubbling/Odors Yes ☐ No ☒
- 16) Is the well currently accessible by vehicle (passable roads, locked gates)? Yes ☒ No ☐
- 17) Does the current signage for the well meet the requirements of Rule 210? Yes ☒ No ☐
 - a. Operator name Yes ☒ No ☐
 - b. Phone number where operator can be reached 24/7 Yes ☒ No ☐
 - c. Phone number for local emergency services Yes ☐ No ☒
 - d. Well's legal location including quarter quarter section Yes ☒ No ☐

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) Dan Johnson (970-878-5103)b. Domestic Tap Well location ID or API (API # top of Sundry) 05-103-05066

c. Domestic Tap Facility Information:

• Installation/Discovery Date (original well date) _____

• Well-side tap(s) Latitude/Longitude (starting point of tap (wellhead))

o Latitude N 39 degree 47.713o Longitude W 108 degree 05.457

• Street address(es) or Lat/Long of the Point(s) of Delivery

11539 Co. Rd. 5Rifle, CO 8165019) Is there an odorant supplied for the methane? Yes___ No_X20) Is there a methane detector in the building supplied by the tap? Yes_X No___

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

Signed: _____

Print Name: Dan JohnsonTitle: ownerEmail: piceancecreekranch@gmail.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**

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Total Attach: 0 Files