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Document Number: <b>402553202</b>			
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: 10071	Contact Name Allie Ryan	Complete the Attachment Checklist  OP OGCC
Name of Operator: HIGHPOINT OPERATING CORPORATION	Phone: (303) 312-8153	
Address: 555 17TH ST STE 3700	Fax: ( )	
City: DENVER State: CO Zip: 80202 Email: aryan@Hpres.com		
API Number : 05- 123 50651 00	OGCC Facility ID Number: 470101	Survey Plat
Well/Facility Name: Siebring	Well/Facility Number: 63-32-2525BN	Directional Survey
Location QtrQtr: SENE Section: 32 Township: 5N Range: 63W Meridian: 6		Srvc Eqpmt Diagram
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

GPS Quality Value:

Type of GPS Quality Value:

Measurement Date:

Longitude

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 SENE

Sec 32

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 32

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 33

Twp 5N

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	
2441	FNL	280	FEL
Twp 5N	Range 63W	Meridian 6	
Twp	Range	Meridian	
2209	FNL	500	FEL
			**
Twp 5N	Range 63W		
Twp	Range		
2197	FNL	400	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 SIEBRING Number 63-32-2525BN 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 09/09/2020

☐ 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"/> Bradenhead Plan                                | <input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases          |  |
| <input checked="" type="checkbox"/> Other <u>Bradenhead remediation</u> |   |  |

#### COMMENTS:

Bradenhead pressure was found to be greater than 50 psi. Samples have been collected for analysis to aid in determining origin of gas.

HPOC is blowing down the Bradenhead daily for a 3-6 month period and will maintain pressure records for a re-evaluation of the stabilized Bradenhead pressures at that time. We will update the state on our progress by submitting a follow-up Form 17 and Form 4 at the end of this period

#### CASING PROGRAM

(No Casing Provided)

#### POTENTIAL FLOW AND CONFINING FORMATIONS

(No Casing Provided)

#### 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:

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

Signed: \_\_\_\_\_ Print Name: Allie Ryan  
Title: Regulatory Analyst Email: aryan@Hpres.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

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval
Total: 0 comment(s)		

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files