

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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DE	ET	OE	ES
Document Number: 402724053			
Date Received: 06/21/2021			

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: 96850 Contact Name Vicki Schoeber
 Name of Operator: TEP ROCKY MOUNTAIN LLC Phone: (970) 263-2721
 Address: PO BOX 370 Fax: ()
 City: PARACHUTE State: CO Zip: 81635 Email: vschoeber@terraep.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 045 10180 00 OGCC Facility ID Number: 272857
 Well/Facility Name: FEDERAL Well/Facility Number: RWF 13-19
 Location QtrQtr: NWSW Section: 19 Township: 6S Range: 94W Meridian: 6
 County: GARFIELD Field Name: RULISON
 Federal, Indian or State Lease Number: COC 62160

Survey Plat		
Directional Survey		
Srfc 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 _____ 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:

	FNL/FSL		FEL/FWL
	1427	FSL	381

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

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Current **Surface** Location **From** QtrQtr NWSW Sec 19

Twp	<u>6S</u>	Range	<u>94W</u>	Meridian	<u>6</u>
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New **Surface** Location **To** QtrQtr _____ Sec _____

Twp	_____	Range	_____	Meridian	_____
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Change of **Top of Productive Zone** Footage **From** Exterior Section Lines:

	1566	FSL	245	FWL
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Change of **Top of Productive Zone** Footage **To** Exterior Section Lines:

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Current **Top of Productive Zone** Location **From** Sec _____

Twp	_____	Range	_____
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New **Top of Productive Zone** Location **To** Sec _____

Twp	_____	Range	_____
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Change of **Bottomhole** Footage **From** Exterior Section Lines:

	1566	FSL	245	FWL
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Change of **Bottomhole** Footage **To** Exterior Section Lines:

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Current **Bottomhole** Location Sec _____ Twp _____

Range	_____	** attach deviated drilling plan
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New **Bottomhole** Location Sec _____ Twp _____

Range	_____
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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 _____

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 06/22/2021

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

COMMENTS:

TEP Rocky Mountain LLC (TEP) requests permission to tie the bradenhead into the sales line of the Federal RWF 13-19 well on the Federal RWF 13-19 Pad. A diagram for plumbing the bradenhead into the sales line is attached. Based on surface casing shoe depth of 1,130' this well has a threshold pressure of 339 psi. A Form 17 bradenhead test was completed on 6/1/2021 due to bradenhead pressure exceeding the threshold pressure. This will allow the bradenhead pressure to equalize with our sales line which is currently ~145 psi and protect the integrity of the surface shoe. A check valve will be installed inline to prevent backpressure from the tubing during shut-in periods.

- Surface Casing – 9-5/8" 32.3# set at 1,131' MD (1,130' TVD)
- Production Casing – 4-1/2" 11.6# set at 8,259'
- Spud Date: 9/16/2004
- Completion Date: 1/7/2005
- TOC – 4,500'
- Top of Mesaverde – 4,801'
- Completion – 5,857'- 8,128'

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:

<u>Best Management Practices</u>		
<u>No</u>	<u>BMP/COA Type</u>	<u>Description</u>

Operator Comments:

[Empty box for 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: Vicki Schoeber
Title: Regulatory Specialist Email: vschoeber@terraep.com Date: 6/21/2021

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

COGCC Approved: Katz, Aaron Date: 6/23/2021

CONDITIONS OF APPROVAL, IF ANY:

Condition of Approval

COA Type

Description

	<ol style="list-style-type: none"> 1) Operator shall comply with COGCC Rule 419. Bradenhead Monitoring, Testing, and Reporting and Rule 420. Form 17, Bradenhead Test Report 2) At least once a year shut in bradenhead for 7 days or until the pressure reaches the bradenhead threshold and perform a bradenhead test. Report results on a Form 17, as specified in Rule 420 or other Director approved submittal method. 3) Comply with any CDPHE, Air Pollution Control Division rules or requirements for all atmospheric discharges. 4) Any liquids blown down are to be collected, stored, handled, and treated or disposed as E&P waste per COGCC's 900 series rules. 5) At least one check valve is required for annular spaces that are tied to sales line or separator. Maintain equipment for pressure regulation and check valves in good working order. 6) Within 30 days of completing the work, submit a Form 4 Report of Work Done - Bradenhead Plan
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1 COA

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Surface casing TVD 1130 ft. X .3 psi/ft= 339 psi BH threshold Operator completed BH test before exceeding threshold pressure	06/23/2021

Total: 1 comment(s)

Attachment List

<u>Att Doc Num</u>	<u>Name</u>
402724053	SUNDRY NOTICE APPROVED
402724060	OTHER
402728171	FORM 4 SUBMITTED

Total Attach: 3 Files