

State of Colorado Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
Document Number: 402757924			
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: 10651 Contact Name Allison Schieber
Name of Operator: VERDAD RESOURCES LLC Phone: (720) 845-6909
Address: 1125 17TH STREET SUITE 550 Fax: ()
City: DENVER State: CO Zip: 80202 Email: regulatory@verdadresources.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 123 50272 00 OGCC Facility ID Number: 465745
Well/Facility Name: Schneider 1414 Well/Facility Number: 03H
Location QtrQtr: NENW Section: 14 Township: 8N Range: 60W Meridian: 6
County: WELD Field Name: WILDCAT
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 40.669102 GPS Quality Value: 1.5 Type of GPS Quality Value: PDOP Measurement Date: 05/24/2018
Longitude -104.062437

LOCATION CHANGE (all measurements in Feet)

Well will be: HORIZONTAL (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 14

New **Surface** Location **To** QtrQtr NENW Sec 14

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 14

New **Top of Productive Zone** Location **To** Sec 14

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

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

Current **Bottomhole** Location Sec 14 Twp 8N

New **Bottomhole** Location Sec 14 Twp 8N

Is location in High Density Area? No

Distance, in feet, to nearest building 5280, public road: 1335, above ground utility: 1397, railroad: 2879,

property line: 241, lease line: 210, well in same formation: 597

Ground Elevation 4943 feet Surface owner consultation date 11/20/2012

FNL/FSL		FEL/FWL	
<u>241</u>	<u>FNL</u>	<u>1365</u>	<u>FWL</u>
<u>241</u>	<u>FNL</u>	<u>1365</u>	<u>FWL</u>
Twp <u>8N</u>	Range <u>60W</u>	Meridian <u>6</u>	
Twp <u>8N</u>	Range <u>60W</u>	Meridian <u>6</u>	
<u>300</u>	<u>FNL</u>	<u>1435</u>	<u>FEL</u>
<u>300</u>	<u>FNL</u>	<u>2121</u>	<u>FEL</u>
Twp <u>8N</u>	Range <u>60W</u>		
Twp <u>8N</u>	Range <u>60W</u>		
<u>210</u>	<u>FSL</u>	<u>1435</u>	<u>FEL</u>
<u>210</u>	<u>FSL</u>	<u>2132</u>	<u>FEL</u>

**

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** 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 SCHNEIDER 1414 Number 03H 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 07/27/2021

☐ 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 checked="" 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 type="checkbox"/> Other _____ | | |

COMMENTS:

Verdad would like to change the location of the TPZ and BHL for this location in order to space appropriately for 2 additional wells.

CASING PROGRAM

<u>Casing Type</u>	<u>Size of Hole</u>	<u>Size of Casing</u>	<u>Grade</u>	<u>Wt/Ft</u>	<u>Csg/Liner Top</u>	<u>Setting Depth</u>	<u>Sacks Cmt</u>	<u>Cmt Btm</u>	<u>Cmt Top</u>
CONDUCTOR	24	16		65	0	80	70	80	0
SURF	13+1/2	9+5/8		36	0	1800	489	1800	0
1ST	8+1/2	5+1/2		20	0	11583	1541	11583	0

POTENTIAL FLOW AND CONFINING FORMATIONS

<u>Zone Type</u>	<u>Formation /Hazard</u>	<u>Top M.D.</u>	<u>Top T.V.D.</u>	<u>Bottom M.D.</u>	<u>Bottom T.V.D.</u>	<u>TDS (mg/L)</u>	<u>Data Source</u>	<u>Comment</u>
Groundwater	Alluvial fill	0	0	363	363	501-1000	USGS	USGS (USGS 404200104042401 SB00906034ADC: 836mg/L)
Groundwater	Fox Hills	363	363	563	563	501-1000	USGS	TDS estimated based on regional USGS sampling (Site 400844104403901). No local samples found.
Confining Layer	Pierre	563	563	941	935			
Groundwater	Upper Pierre Porosity	941	935	1603	1563	1001-10000	USGS	CO DNR Report Project Number 2141
Confining Layer	Pierre	1603	1563	3432	3283			
Hydrocarbon	Parkman	3432	3283	3986	3804			
Confining Layer	Pierre	3986	3804	6518	6047			
Hydrocarbon	Sharon Springs	6518	6047	6691	6093			
Hydrocarbon	Niobrara	6691	6093	11583	6100			

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:

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Best Management Practices**No BMP/COA Type****Description**

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Operator Comments:

Verdad would like to change the location of the TPZ and BHL for this location in order to space appropriately for 2 additional wells. The nearest well completed in the same formation is the Schneider 1414 04H measured in 2D using GIS mapping. This well has a bottom hole location beyond the unit boundary setback. The bottom of the completed interval will be within the unit boundary setback 300'FSL and 2132' FEL of section 14. The wellbore beyond the unit boundary setback will be physically isolated and will not be completed.

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

Signed: _____ Print Name: Allison Schieber
 Title: Sr. Regulatory Analyst Email: regulatory@verdadresources.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 List**Att Doc Num****Name**

402759056	WELL LOCATION PLAT
402759067	DEVIATED DRILLING PLAN
402759076	DIRECTIONAL DATA

Total Attach: 3 Files