

**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: 402094081			
Date Received: 08/18/2020			

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: 10705 Contact Name Susan Wolfram
 Name of Operator: EVERGREEN NATURAL RESOURCES LLC Phone: (719) 845-4520
 Address: 1875 LAWRENCE ST STE 1150 Fax: ()
 City: DENVER State: CO Zip: 80202 Email: Susan.wolfram@enrllc.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 071 06826 00 OGCC Facility ID Number: 89246
 Well/Facility Name: WORM Well/Facility Number: 33-36
 Location QtrQtr: NWSE Section: 36 Township: 34S Range: 66W Meridian: 6
 County: LAS ANIMAS Field Name: PURGATOIRE RIVER
 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 _____ 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)

		FNL/FSL		FEL/FWL	
Change of Surface Footage From Exterior Section Lines:		2410	FSL	2193	FEL
Change of Surface Footage To Exterior Section Lines:					
Current Surface Location From QtrQtr <u>NWSE</u> Sec <u>36</u>		Twp <u>34S</u>	Range <u>66W</u>	Meridian <u>6</u>	
New Surface Location To QtrQtr _____ Sec _____		Twp _____	Range _____	Meridian _____	
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 _____		Twp _____	Range _____		
New Top of Productive Zone Location To Sec _____		Twp _____	Range _____		
Change of Bottomhole Footage From Exterior Section Lines:					
Change of Bottomhole Footage To Exterior Section Lines:					**
Current Bottomhole Location Sec _____ Twp _____		Range _____			** attach deviated drilling plan
New Bottomhole Location Sec _____ Twp _____		Range _____			

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 07/08/2019

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

COMMENTS:

Evergreen has tested this well for a limited time and has determined that long-term vacuum operations are mechanically feasible. Evergreen is requesting to impose a partial vacuum at the wellhead per Rule 331. This well has a liquid ring type wellhead compressor. A vacuum will be induced at the wellhead by increasing the speed of this liquid ring pump. Pressures are monitored via SCADA and oxygen sensors will be installed to detect integrity issues. Attached is an exhibit showing the location of all wells on adjacent premises and all offset wells on adjacent lands. Notice to producers within the 1/2-mile radius have been notified of the application and letter dated August 17th, 2020 with map is attached.

CASING AND CEMENTING CHANGES

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

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: Susan Wolfram
Title: Sr. Safety Coordinator Email: Susan.wolfram@enrllc.com Date: 8/18/2020

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

COGCC Approved: Duran, Alicia Date: 8/19/2020

CONDITIONS OF APPROVAL, IF ANY -

COA Type

Description

COA Type	Description

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Correct information submitted. Passed review.	08/19/2020
Engineer	Missing notification to operator Wapiti Operating LLC. VPR C 63 (071-07384) is less than 1/2 mile away.	08/17/2020
Engineer	Missing - manner and method of vacuum installation and notification to operator within 1/2 mile.	08/13/2019

Total: 3 comment(s)

Attachment List

<u>Att Doc Num</u>	<u>Name</u>
402094081	SUNDRY NOTICE APPROVED-OTHER-DOC
402101610	REFERENCE AREA MAP
402444470	REFERENCE AREA MAP
402469274	CORRESPONDENCE
402471574	FORM 4 SUBMITTED

Total Attach: 5 Files