

FORM

HF

Rev
02/17

Southern Ute Indian Tribe
Department of Energy
14929 Highway 172, PO Box 1500
Ignacio, Colorado 81137
970-563-5550



DOE RECEPTION

Receive Date:

Document Number:

HF-

HYDRAULIC FRACTURING (HF) NOTICE

The Form HF shall be submitted as required by Southern Ute Indian Tribe Amended and Restated Hydraulic Fracturing and Chemical Disclosure Regulations (HFCDR) adopted April 5, 2016. A Form HF Update shall be submitted to revise the scheduled date or time on a previous Form HF. A Form HF Update must be for the same well, location, or facility and for the same Hydraulic Fracturing Operation as a previous Form HF. NOTE: Operator's Contact for Hydraulic Fracturing Notices should be available 24 hours a day, 7 days a week and should have the most current scheduling information for the operation.

Update of a previous Form HF Notice _____

Entity Information

OGCC Operator Number: _____	Contact Person: _____
Company Name: _____	Phone: () _____
Address: _____	Fax: () _____
City: _____ State: _____ Zip: _____	Email: _____

API #: 05 - - -	Facility ID: _____	Location ID: _____
Facility Name: _____	<input type="checkbox"/> Submit By Other Operator	
Sec: _____ Twp: _____ Range: _____ QtrQtr: _____	Lat: _____ Long: _____	

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 20 business days notice required

Date of Treatment: _____ Time: _____ (HH:MM) Anticipated Date of Flowback: _____

SUIR Hydraulic Fracturing Checklist is completed and attached (required)

Offset Borehole Evaluation within 1,500 feet of proposed well is completed and attached (required)

TREATED INTERVAL ASSESSMENT

This well's treated interval will be located within 150 feet of an existing (producing, shut-in, or temporarily abandoned) or permitted oil and gas wellbore's treated interval belonging to another operator.

DOE Manager Approval (attached or signature here): _____

NOTICE TO RUN AND CEMENT CASING – 24-hour notice

Start Date: _____ Time: _____ (HH:MM) String: _____

NOTICE OF MECHANICAL INTEGRITY TEST PRESSURE LOSS - Report ASAP loss > 10%

Test Date: _____ Maximum Pressure: _____ Pressure Loss: _____

Casing: _____ Remedy: _____

NOTICE OF MATERIAL DEVIATION FROM CEMENTING STANDARDS – Notify within 24 hours when standards set forth under Section VI (B),(C) or (E) are not met or of other indication of inadequate cementing

Cement Level Falls Below Surface

Casing String:

Date of Cement Deviation: _____

Time: _____ (HH:MM)

Depth Below Surface: _____ (feet)

OR:

Material Deviation from SUIT HFCDR Standards or Other Indication of Inadequate Cementing

Describe Deviation: _____

Corrective Action Taken: _____

Date of Corrective Action: _____

NOTICE OF HIGH BRADENHEAD PRESSURE DURING STIMULATION – Notify within 24 hours when bradenhead pressure increases more than 200 psig during stimulation. Submit a follow-up Notificaton Form within 15 days.

Date of High Bradenhead Pressure: _____ Time: _____ (HH:MM)

Starting BrHd pressure: _____ psig Highest BrHd pressure: _____ psig Was this well being stimulated? ☐

Probable Cause of High BrHd pressure: _____

Corrective MeasuresTaken: _____

OTHER

Describe: _____

Date: _____ Time: _____ (HH:MM)

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

Print Name: _____ Email: _____

Signature: _____ Title: _____ Date: _____