

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400488196

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:	16700	Contact Name	April	Pohl
Name of Operator:	CHEVRON USA INC		Phone:	(505) 333-1941
Address:	6001 BOLLINGER CANYON RD		Fax:	(505) 334-7134
City:	SAN RAMON	State:	CA	Zip: 94583
Email: April.Pohl@chevron.com				

Complete the Attachment Checklist

OP OGCC

API Number :	05-	067	07273	00	OGCC Facility ID Number:	215668
Well/Facility Name:	ISGAR GAS UNIT A				Well/Facility Number:	1
Location	QtrQtr:	SENW	Section:	18	Township:	34N
					Range:	9W
					Meridian:	M
County:	LA PLATA		Field Name:	IGNACIO BLANCO		
Federal, Indian or State Lease Number:				18932		

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 _____ PDOP Reading _____ Date of Measurement _____
Longitude _____ GPS Instrument Operator's Name _____

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 **SENW** Sec **18**

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

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 Twp

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		
1580	FNL	2380	FWL	
Twp	34N	Range	9W	Meridian
Twp		Range		Meridian
				**
Twp		Range		
Twp		Range		
				**
Range		** attach deviated drilling plan		
Range				

** 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 ISGAR GAS UNIT A Number 1 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 _____

☒ REPORT OF WORK DONE Date Work Completed 09/26/2013

- | | | |
|--|---|--|
| <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"/> Other <u>Fix hole in tubing</u> | <input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases | |

COMMENTS:

9/20/2013

MIRU

9/23/2013

Bleed gas. Caliper/record rod elevators. Raise & guy derrick. Could not detect pump unseating. LD 22' x 1-1/4" PR, 8' x 3/4" pony, 75 sucker rods, six 5 per guided rods, ten sinker bars, a stabilizer bar and a 2' X 1-1/2" x 24' rod pump.

ND B-1. NU and test Class III BOP stack components 250 low / 1500 psi high. Tests good. RU second flowline.

Pull hanger (tubing pulled at string weight). Spool-up 400+ ft of capillary. Re-run 13 capillary joints.

RU HydraWalk and racks. LD and number 73 joints, SN and 30.72 ft mule shoe. Found holes in joints 69, 70 and 73. Junked mule shoe.

"Transfer pulled tubing to storage rack, new tubing from float to HydraWalk rack, and pulled tubing from storage rack to float. Remove thread protectors from new tubing.

"

"Capillary pulled without the stripping rubber. Tubing came through floor with an excessive amount of foam on it. Chemical injected was Techni-Hib 701 W.

Formation sand found in rod pump.

Received new 2-3/8" L-80. "

9/24/2013

Tally tubing. MU 3-1/8 bit, float-sub and TIH and tag TOL at 2165 ft. Continue and tag fill at 2360 ft.

MU chicksan and wash down to PBTD 2387 ft at 1200. Flowback cleaning-up toward 1600. POOH to top of liner

TIH to tag. TOH in stands and break off BHA. Run/land production tubing

9/25/2013

TIH and tag 1 ft of fill. TOH standing. Break-off BHA.

Run 32.27 ft mule shoe, SN, 70 joints of 2-3/8" 4.7# L-80 8rd tubing, 10.13, 8.15, 4.15 pups, and a slick joint. SN is at 2313.4 to 2314.5. EOT is at 2345.65 ft. Banded 440 ft of capillary onto last 13 joints and pups.

Land tubing. NU B-1 adapter and pressure test same to 1500 psi.

RU to run rods. Run 2" x 1-1/2" x 24' rod pump, 3.4' stabilizer bar, 10 sinker bars, six 5 per guided rods, 75 rods, 8' pony rod, and a 22' x 1-1/4" PR. Load rod/tubing annulus and pressure test pump seat to 500 psi. Test good. Check pump action. Test good. Rig down, prepare to move tomorrow

9/26/2013

Move

CASING AND CEMENTING CHANGES

Casing Type	Size	Of	/	Hole	Size	Of	/	Casing	Wt/Ft	Csg/LinTop	Setting Depth	Sacks of Cement	Cement Bottom	Cement Top

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

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Operator Comments:

Subsequent report of hole in tubing repair.

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

Signed: _____ Print Name: April E Pohl

Title: Regulatory Specialist Email: April.Pohl@chevron.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**

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Total: 0 comment(s)

Attachment Check List**Att Doc Num****Name**

400488199	WELLBORE DIAGRAM
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Total Attach: 1 Files