

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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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: 100322 Contact Name KATHLEEN MILLS
 Name of Operator: NOBLE ENERGY INC Phone: (720) 587-2226
 Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202 Email: kmills@nobleenergyinc.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 123 09184 00 OGCC Facility ID Number: 241395
 Well/Facility Name: ERN-USX VV Well/Facility Number: 29-8
 Location QtrQtr: SENE Section: 29 Township: 1N Range: 67W Meridian: 6
 County: WELD Field Name: WATTENBERG
 Federal, Indian or State Lease Number: _____

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 _____ 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:

FNL/FSL		FEL/FWL	
1650	FNL	1020	FEL

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

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Current **Surface** Location **From** QtrQtr SENE Sec 29

Twp 1N Range 67W Meridian 6

New **Surface** Location **To** QtrQtr Sec

Twp Range Meridian

Change of **Top of Productive Zone** Footage **From** Exterior Section Lines:

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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

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

Twp Range

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

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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

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 01/13/2014

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 checked="" 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:

1 Level location for base beam rig.
 2 Call Foreman or Field Coordinator before rig up to catch plunger, isolate production equipment, and ask if replacement parts/equipment are requested. Operations need to hook up the Bradenhead pressure and bleed off the pressure before the rig gets on location.
 3 Check and report surface casing pressure. If surface casing is not accessible at ground level, re-plumb so valve is at ground level.
 4 Spot a minimum of 10 jts 2-3/8", 4.7#, J-55 EUE TBG for replacement and 37 jts 1-1/4", 2.33#/ft, J-55 10rd IJ for annular cement job.
 5 MIRU slickline. Fish production equipment as necessary and tag fill. Note tagged depth in OpenWells. OPEN-HOLE below 8341'. RDMO slickline.
 6 MIRU WO rig. Kill well, as necessary, with biocide treated fresh water. ND WH. NU BOP.
 7 Unseat landing joint and lay down.
 8 MIRU EMI services. TOO H with 2-3/8" TBG while SB. EMI on TOO H. LD joints with wall loss or penetrations > 35%. Replace joints as necessary. **Keep yellow & blue band tubing. Note joint number and depth of tubing leak(s) on PRODUCTION EQUIPMENT FAILURE REPORT IN OPEN WELLS.
 9 PU and TIH with scraper for 4-1/2", 11.6# casing. Scrape casing down to 7750'. POOH while standing back tubing and LD scraper.
 10 TIH with 2-3/8" TBG & RBP suitable for 4-1/2", 11.6# casing. Set RBP at 7700'.
 11 Circulate gas out of well and pressure test RBP & CSG to 1000 psi for 15 min. Dump 2 sx sand on top of RBP & TOO H while standing back TBG.
 12 MIRU WL. PU and RIH with CCL, GR, and CBL tool. Run CBL from just above RBP to SURFACE. IMMEDIATELY SEND CBL TO EVANS OFFICE TO VERIFY NIOBRARA COVERAGE. RDMO WL.
 13 ND BOP. ND WH. Unland 4-1/2" casing. NU double entry flange.
 14 PU 1-1/4", 2.3#/ft J-55 10rd IJ tubing and TIH outside 4-1/2" casing and open hole to 1100'. Circulate with biocide treated fresh water on TIH.
 15 MIRU cement services. Mix and pump cement job as follows: Freshwater spacer, 20 bbls Sodium Metasilicate, 250 sx Type III cement with 1/4#/sx cello-flake, mixed at 1.53 cu ft/sk and 14.0 ppg. The cement is to be retarded for 125 degF for a six hour pump time. (Attempt to cement from 1100' to 300'). Calculation assumes 10" open hole, 4-1/2" casing w/ 10% excess volume.
 16 Trip out of the hole with 1-1/4" tubing.
 17 Rig down cementing services.
 18 Reland 4-1/2" CSG. SDFN to WOC.
 19 MIRU wireline services.
 20 PU and RIH with CCL-GR-CBL-VDL. Run from 1200' to surface, or 200' above the top of cement. RDMO wireline. If the cement is not above 300' then contact engineer.
 21 VERIFY WITH EVANS ENGINEERING THAT NO REMEDIAL CEMENT IS TO BE PUMPED FOR ADDITIONAL NIO COVERAGE.
 22 ND existing TBG head off 4-1/2" CSG and install new WHI 5000 psi flanged tubing head complete with 5000 psi rated casing valves.

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:

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

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: KATHLEEN MILLS
Title: REGULATORY ANALYST Email: kmills@nobleenergyinc.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:

<u>COA Type</u>	<u>Description</u>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files