

State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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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: <u>47120</u>	Contact Name <u>Cheryl Light</u>
Name of Operator: <u>KERR MCGEE OIL & GAS ONSHORE LP</u>	Phone: <u>(720) 929-6461</u>
Address: <u>P O BOX 173779</u>	Fax: <u>(720) 929-7461</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-3779</u>	Email: <u>cheryl.light@anadarko.com</u>

Complete the Attachment
Checklist

OP OGCC

API Number : 05- <u>123</u> <u>28043</u> <u>00</u>	OGCC Facility ID Number: <u>297702</u>
Well/Facility Name: <u>WILLIAMS</u>	Well/Facility Number: <u>11-20</u>
Location QtrQtr: <u>NWSE</u> Section: <u>20</u> Township: <u>2N</u> Range: <u>68W</u> Meridian: <u>6</u>	
County: <u>WELD</u> Field Name: <u>SPINDLE</u>	
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:Change of **Surface** Footage **To** Exterior Section Lines:Current **Surface** Location **From** QtrQtr NWSE Sec 20New **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 20New **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 20 Twp 2NNew **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	
<u>1548</u>	<u>FSL</u>	<u>1497</u>	<u>FEL</u>
_____	_____	_____	_____
Twp <u>2N</u>	Range <u>68W</u>	Meridian <u>6</u>	
Twp _____	Range _____	Meridian _____	
<u>2083</u>	<u>FSL</u>	<u>2132</u>	<u>FWL</u>
_____	_____	_____	_____
Twp <u>2N</u>	Range <u>68W</u>		
Twp _____	Range _____		
<u>2083</u>	<u>FSL</u>	<u>2132</u>	<u>FWL</u>
_____	_____	_____	_____
			**

** 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 WILLIAMS Number 11-20 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 10/31/2014

☐ 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 Well already has directional survey.
2 Call Wattenberg IOC (970-506-5980) at least 24 hrs prior to rig move. If not already completed, request that they catch and remove plunger, isolate production equipment and remove any automation equipment prior to the rig showing up. Install perimeter fence as needed.
3 MIRU SL. Fish plunger if necessary and tag PBMD (should be 8042'). Inform engineer of tag depth.
4 Prepare location for base beam rig.
5 Spot 25 jts of 2-3/8" 4.7# J-55 8RD EUE tbg.
6 Spot 1400' of 1-1/4" 2.33# J-55 10rd IJ tbg.
7 Tbg head needs to be rated to 5000 psi. Ensure all valves, fittings, and plugs on tbg head are rated to 5000 psi. If new tbg head is needed, follow change out specifications in Step 24.
8 MIRU WO rig. Kill well with fresh water and biocide. ND WH, NU BOP.
9 PU tbg to break any possible sand bridges. Do not exceed 80% of tubing tensile strength, or 57,384 lb. LD landing jt.
10 Unseat tbg hanger. Install rubber wiper in stripping head.
11 MIRU EMI equipment. TOO H with 2-3/8" tbg. EMI tbg while TOO H. Lay down jts with wall loss or penetrations >35%. Replace jts as necessary. Keep yellow and blue band tbg. Note jt number and depth of tubing leak(s) on production equipment failure report in OpenWells. Clearly mark all junk (red band) tbg sent to yard.
12 PU and TIH with 235 jts of 2-3/8" tbg with 4.5" RBP (4.5" 11.6# I-80). Set RBP at +/- 7410' (Collars at 7392' and 7434'). Spot 2 sx sand on top of RBP. TOO H. Stand back tbg.
13 Pressure test RBP to 1000 psi for 15 minutes. If pressure test passes, proceed.
14 ND BOP, ND tbg head. Unland 4-1/2" 11.6# I-80 csg (Do not exceed 130,000-lb pull weight). NU double entry flange, NU BOP.
15 PU and TIH with 1342' of 1-1/4" tbg outside 4-1/2" csg to tag existing cement (should be +/- 45 jts).
16 Circulate and condition hole with ~100 bbls of water with rig pump (1.5x annular volume from 1342'), or until well is completely dead.
17 MIRU cement company. Commence pumping cement job consisting 10 bbl fresh water followed with 190 sx of Type III cement with 1/4 lb/sk cello-flake mixed at 14.8 ppg and 1.33 cf/sk blended for a 3 hr pump time (cement from 1342' to 671').
18 TOO H with 35 jts of 1-1/4" tbg to +/- 400' and circulate 26 bbls of drilling mud to clean up.
19 TOO H with remaining 1-1/4" tbg and LD.
20 RMDO cement company.
21 ND BOP, ND double entry flange, re-land 4-1/2" csg. NU BOP.
22 Leave well SI for minimum of 24 hours.
23 MIRU WL and run CCL-GR-CBL-VDL from 1342' to surface (cement should be from +/- 1342' to 671'). If Fox Hills plug is not above 671', contact engineering for further instructions. Email logs to engineering and DJVendors@anadarko.com. RDMD WL.
24 If tbg head is not as described, ND BOP. Install new GE 5000 psi 4-1/2" bottom threaded tbg head with 7-1/16" flanged top, 7-1/16" flanged 5000 psi tbg head adaptor with 2-1/16" studded top, 2-1/16" flanged 5000 psi master valve, flanged 5000 psi 2-3/8" plunger lubricator (side outlets threaded). All valves, fittings, plugs on well head need to be rated for 5000 psi. NU BOP.
25 Pressure test csg to 5000 psi for 15 mins. If pressure test does not hold, call engineering.
26 TIH with 2-3/8" tbg and retrieving head to tag sand above RBP at +/- 7410'. Circulate sand off RBP, latch onto RBP and TOO H. SB tbg, LD RBP.
27 PU and TIH with 2-3/8" NC, 2-3/8" XN, and 248 jts 2-3/8" tbg. If necessary, drop down with extra jts and circulate to cleanout sand. Land end of tbg at +/- 7841' (1 jt above top Codell perf).
28 ND BOP, NU WH.
29 GE should pressure test tbg head through test port on side of tbg head adaptor flange to 5000 psi for 15 mins.
30 RMDO WO rig. Return well to production team.
31 Clean location and swab well back to production. Notify field foreman/field coordinator of finished work and turn well back over to production team.

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.):

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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:

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

Signed: _____ Print Name: Cheryl Light

Title: Sr. Regulatory Analyst Email: DJRegulatory@anadarko.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:

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)

Attachment Check List

Att Doc Num

Name

400711210	OTHER
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Total Attach: 1 Files