

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number: 400795313			
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: 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 34185 00 OGCC Facility ID Number: 424789
 Well/Facility Name: McKay Federal Well/Facility Number: AB02-15
 Location QtrQtr: SWSE Section: 2 Township: 7N Range: 64W Meridian: 6
 County: WELD Field Name: TOM CAT
 Federal, Indian or State Lease Number: COC67169

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	
610	FSL	2095	FEL

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

Current **Surface** Location **From** QtrQtr SWSE Sec 2 Twp 7N Range 64W Meridian 6
 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 03/15/2015

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) MIRU Workover rig, pump & tank.
- 2) Control well with kill fluid.
- 3) NU BOP, Test BOP.
- 4) POOH with 2-7/8" tubing, Baker ESP Cable, & cap string. Use tuboscope scanner while pulling tubing. Replace any substantially worn tubing as needed.
- 5) Inspect and test, cable and cap string. If cable and/or cap string fails, order new cable and/or cap string from BHI.
- 6) PU and RIH with bit and scraper, cleaning out any fill to at least 8,925' - 75' below bottom perf. (The previous ESP shroud is estimated in the hole at 8,951')
- 7) POOH w/ bit and scraper.
- 8) RIH w/ workstring and RBP. Set RBP @ 8,728' (100' above perforations) w/ 2 sx of sand on top.
- 9) Load hole. Pressure test casing to 500 PSI.
 - a) If casing pressure test holds, skip to Step 30 (POOH w/ RBP, SI Well)
 - b) If casing pressure test fails, continue with procedure below (locating hole(s) and cement squeeze).
- 10) RIH with tubing and packer. Hunt for casing holes by moving packer and pressure testing. Release packer and POOH.
Call engineer for orders once casing leaks are identified.
- 11) RU WL. RIH w/ perf gun. Perforate 7" casing near identified depth of casing hole.
- 12) RIH w/ workstring and packer. Set packer 300' above perforations from Step 11.
- 13) Establish injectivity through perforations.
 - a) If formation takes fluids, immediately switch to cement.
 - b) If formation does not take fluids, contact office (970-304-5221 or 970-518-8897).
- 14) Pump 50 sx 15.8 ppg Class G cmt w/ gas check and displace with with fresh water. (Cement volume may changed based on injectivity)
- 15) SI, WOC. Stage squeeze job to 3000 psi.
- 16) Release packer. Reverse out. TOOH w/ workstring and packer.
- 17) Pressure up on the casing to 2000 psi for 15 minutes.
 - a) If casing pressure holds, bleed off and skip to Step 25 of procedure (clear cement, MIT with COGCC).
 - b) If casing pressure bleeds off, contact office (970-304-5221 or 970-518-8897). Will continue with below procedure.
- 18) RU WL. RIH w/ perf gun. Perforate 7" casing @ 2,250'.
- 19) RIH w/ workstring and packer. Set packer @1,950'.
- 20) Establish injectivity through perforations.
 - a) If formation takes fluids, immediately switch to cement.
 - b) If formation does not take fluids, contact office (970-304-5221 or 970-518-8897).
- 21) Pump 50 sx 15.8 ppg Class G cmt w/ gas check and displace with ~86 bbls fresh water. (Cement volume may changed based on injectivity)
- 22) SI, WOC. Stage squeeze job to 3000 psi.
- 23) Release packer. Reverse out. TOOH w/ workstring and packer.
- 24) Pressure up on the casing to 2000 psi for 15 minutes.
 - a) If casing pressure holds, bleed off and continue with procedure below.
 - b) If casing pressure bleeds off, contact office (970-304-5221 or 970-518-8897).
- 25) RIH w/ 6 3/4" bit and drill out cement until fall out. Circulate clean. TOOH w/ 6 3/4" bit.
- 26) Roll hole clean. Pressure test cement to 500 PSI and verify well holds pressure.
CALL COGCC AND OFFER THEY CAN WITNESS MIT to 500psi next day.
- 27) Perform MIT (per attached COGCC MIT guidelines)
- 28) RU WL. RIH w/ CBL tool. Run full CBL log from RBP to surface.
- 29) RIH w/ workstring and retrieving head. Wash sand and latch on to RBP @ 8,728'. POOH w/ workstring and RBP.
- 30) POOH. Shut in well.

Contacts

Joe Brnak – Completions Supervisor Office: 970-304-5108 Cell: 970-381-1234
 Craig Benner – Superintendent Office: 970-304-5016 Cell: 970-302-9254
 Brad Gilmer – Production Foreman Office: 970-304-5146 Cell: 970-381-7866
 Jason Lehman – Production Engineer Office: 970-304-5221 Cell: 970-518-8897

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:

[Empty text box for 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:

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>
400795321	OTHER

Total Attach: 1 Files