

State of Colorado
Oil and Gas Conservation Commission

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



| | | | |
|--------------------------------------|----|----|----|
| DE | ET | OE | ES |
| Document Number: <u>400804292</u> | | | |
| Date Received: <u>03/09/2015</u> | | | |

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: | 46290 | Contact Name | Susana Lara-Mesa |
| Name of Operator: | K P KAUFFMAN COMPANY INC | | Phone: (303) 825-4822 |
| Address: | 1675 BROADWAY, STE 2800 | | Fax: (303) 825-4825 |
| City: | DENVER | State: | CO |
| Zip: | 80202 | Email: | slaramesa@kpk.com |

Complete the Attachment Checklist

OP OGCC

| | | | | | | |
|--|-------------------------|-------------|--------------|-----------------------|--------------------------|--------|
| API Number : | 05- | 123 | 09135 | 00 | OGCC Facility ID Number: | 241346 |
| Well/Facility Name: | AMOCO-CHARTER SCHNEIDER | | | Well/Facility Number: | 12 | |
| Location | QtrQtr: NESE | Section: 33 | Township: 1N | Range: 67W | Meridian: 6 | |
| County: | WELD | | Field Name: | SPINDLE | | |
| Federal, Indian or State Lease Number: | | | | | | |

| | | |
|---------------------|--|--|
| Survey Plat | | |
| Directional Survey | | |
| Srvc Eqpmnt 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 **NESE** Sec **33**

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 | |
|---------|-----|----------------------------------|-----|
| 1980 | FSL | 660 | FEL |
| | | | |
| Twtp | 1N | Range | 67W |
| Twtp | | Meridian | 6 |
| | | | |
| | | | ** |
| Twtp | | Range | |
| Twtp | | Range | |
| | | | |
| | | | ** |
| Range | | ** attach deviated drilling plan | |
| Range | | | |

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 AMOCO-CHARTER SCHNEIDER Number 12 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 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:

Following the current investigation regarding stray gas (remediation workplan 8936), this plan is presented in case the results from the CBL show that no adequate coverage is present above the Sussex and/or the under the Fox Hills. A MIT will be performed prior to running the CBL.

Based on the completion reports, the calculated TOC is at 3,791' which is 1,167' above the top of the Sussex, so no remedial cement is anticipated. The completion report also indicates that 430 sacks were pumped with a DV tool set at 964', which would cover 74' below the base of the Fox Hills (log indicates base of Fox Hills at 890') and would bring the cement to surface'. In case the CBL does not show adequate coverage at least to 4,758' and/or the bottom of the staged cement is above 940', 1 sack of cement will be pumped for every 4' of cement coverage required above the Sussex.

If the casing does not hold the pressure per rule 326, the leak will also be repaired with 1 sack of cement for every 4' of 4.5" casing. Initial method will be an annular fill with 1" tubing. If circulation is not achieved, the production casing will be perforated and the cement will be squeezed. Results of the CBL and MIT will be submitted to the Engineer before commencing remedial operations.

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 |
| | | |

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: Susana Lara-Mesa
Title: Engineering Project Mgr Email: slaramesa@kpk.com Date: 3/9/2015

Based on the information provided herein, this Sundry Notice (Form 4) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: SCHLAGENHAUF, MARK Date: 3/9/2015

CONDITIONS OF APPROVAL, IF ANY:**COA Type****Description**

1) Carry out MIT in accordance with COGCC policies and rules and report results on form 21. MIT should be witnessed by COGCC and a copy of the pressure chart submitted with the Form 21.
2) No CBL on file. Run CBL to verify the top of primary or squeezed cement is at least 200' over Sussex and adequately isolates the aquifers. Use CBL results to verify the setting depth of and stage cement pumped through the DV tool. Note that the DV tool cement will likely not allow an annular fill remedial cementing repair.
3) Submit MIT and CBL results to COGCC Engineering for review. Do not proceed with any casing repair activity until after COGCC Engineering has reviewed these submitted documents and given operator emailed authorization to proceed to the casing repair phase of this project.
4) The additional cement referenced shall be placed as indicated and comply with Rule 317.j. The placed cement shall be verified with a CBL and documented with a Form 5 Drilling Completion Report.
5) If gyro data available, please submit gyro survey data with Form 5 Drilling Completion Report.

General Comments**User Group****Comment****Comment Date**

| | | |
|------|------|------|
| | | |
|------|------|------|

Total: 0 comment(s)

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

| | |
|-----------|------------------|
| 400804292 | FORM 4 SUBMITTED |
|-----------|------------------|

Total Attach: 1 Files