

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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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: 96850 Contact Name Vicki Schoeber
 Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (970) 263-2721
 Address: PO BOX 370 Fax: ()
 City: PARACHUTE State: CO Zip: 81635 Email: vicki.schoeber@wpxenergy.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 045 10693 00 OGCC Facility ID Number: 277379
 Well/Facility Name: FEDERAL Well/Facility Number: RWF 331-18
 Location QtrQtr: SENW Section: 18 Township: 6S Range: 94W Meridian: 6
 County: GARFIELD Field Name: RULISON
 Federal, Indian or State Lease Number: COC 62160

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:

FNL/FSL		FEL/FWL	
<u>1836</u>	<u>FNL</u>	<u>1873</u>	<u>FWL</u>

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

Current **Surface Location From** QtrQtr SENW Sec 18 Twp 6S Range 94W Meridian 6
 New **Surface Location To** QtrQtr _____ Sec _____ Twp _____ Range _____ Meridian _____

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

<u>1050</u>	<u>FNL</u>	<u>1988</u>	<u>FEL</u>

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:

<u>1050</u>	<u>FNL</u>	<u>1988</u>	<u>FEL</u>

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

Current **Bottomhole Location** Sec _____ Twp _____ Range _____

New **Bottomhole Location** Sec _____ Twp _____ Range _____

** attach deviated drilling plan

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 02/18/2016

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 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>Casing Remediation</u>	<input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases	

COMMENTS:

WPX Energy Rocky Mountain, LLC respectfully requests to remediate corroded casing in the RWF 331-18 well. Verbal approval was received from J. Krabacher with the COGCC on 2/17/16.

Proposed Procedure:

1. MIRU sevice rig, POOH w/ 2-3/8" tbg
2. RIH with RBP, set at 6480' with 2 sks sand to isolate perforations.
3. Prior casing tests showed possible holes from 4879'-5757', Caliper log showed no large holes or parts in casing.
4. RIH with wireline and perforate 4.5" casing at 5875', 6 shots/ft, 60 degree phasing. TOOHP with wireline.
5. RIH with 2-3/8" with cement retainer. Set cement retainer at 5520'.
6. Establish injection rate, and determine volume of cement needed to remediate section
7. Pump squeeze cement. Class G with fluid loss additive. 15.8 ppg, 1.15 ft^3/sx.
8. Bleed off pressure and sting out of cement retainer.
9. TOOHP with 2-3/8" tubing, P/U HD packer, RIH with packer.
10. Set packer at 5480' to test cement retainer. If PASS go to Step 11 in procedure. If FAIL then TOOHP with packer, then RIH with RBP and packer, set RBP above cement retainer, 5510'.
11. TOOHP with packer to 5200', Test casing from packer to cement retainer to determine if more holes are present below packer. If PASS go to Step 12 of Procedure. If test FAILS attempt to get injection rate to determine squeeze cement volume then go to Step 12 of Procedure.
12. Test backside of packer. If PASS then TOOHP with packer, go to Step 14 in Procedure. If FAIL determine injection rate to determine squeeze cement volume, TOOHP with packer.
13. Pump squeeze cement if needed. WOC
14. RIH with 2-3/8" with bit to drill out cement. Testing casing to 1000 psi every connection to determine if holes
15. TOOHP with bit. RIH to retrieve TSRBP.
16. Clean out wellbore, re-land tubing and return to production
17. Submit subsequent report

Wellbore diagram and procedure attached.

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:

WPX Energy Rocky Mountain, LLC respectfully requests to remediate corroded casing in the RWF 331-18 well. Verbal approval was received from J. Krabacher with the COGCC on 2/17/16.

Wellbore diagram and procedure attached.

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

Signed: _____ Print Name: Vicki Schoeber

Title: Regulatory Specialist Email: vicki.schoeber@wpxenergy.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

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

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)

Attachment Check List

Att Doc Num

Name

400990573	WELLBORE DIAGRAM
400990574	OTHER

Total Attach: 2 Files