

**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: <b>401048881</b>			
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: 96850 Contact Name Ashlee Fechino  
 Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (970) 6238915  
 Address: PO BOX 370 Fax: ( )  
 City: PARACHUTE State: CO Zip: 81635 Email: ashlee.fechino@wpxenergy.com

Complete the Attachment  
Checklist

OP OGCC

API Number : 05- 045 22612 00 OGCC Facility ID Number: 439839  
 Well/Facility Name: Federal RU Well/Facility Number: 12-6  
 Location QtrQtr: NWSW Section: 6 Township: 7S Range: 93W Meridian: 6  
 County: GARFIELD Field Name: RULISON  
 Federal, Indian or State Lease Number: COC50944

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	
1989	FSL	501	FWL

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

Current **Surface** Location **From**    QtrQtr NWSW    Sec 6    Twp 7S    Range 93W    Meridian 6  
 New **Surface** Location **To**    QtrQtr      Sec      Twp      Range      Meridian  

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

1894	FNL	357	FWL

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

Current **Top of Productive Zone** Location **From**    Sec 6    Twp 7S    Range 93W


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

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

1894	FNL	357	FWL

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

Current **Bottomhole** Location    Sec 6    Twp 7S    Range 93W


\*\* 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 05/26/2016

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

**COMMENTS:**

PRIMARY 4 1/2" PRODUCTION CEMENT JOB WAS UNSUCCESSFULLY PUMPED ON 5/15/2016

PUMPED PRODUCTION CEMENT AS FOLLOWS: HELD SAFETY MEETING WITH HALLIBURTON CEMENTERS AND H&P 318 RIG CREW, PRIMED PUMPS AND PRESSURE TESTED LINES TO 5193 PSI, PUMP 10 BBLS WATER, PUMP 20 BBLS OF SUPER FLUSH, PUMP 10 BBLS WATER, INSTALL BOTTOM ISOLATION PLUG STARTED PUMPING PRIMARY CEMENT, (A PLANNED 1080 SACKS OF 13.3 PPG @ 1.73 YLD @ 7.8 GALS/SK TAIL CEMENT) @ 145.6 BBLS AWAY. THE CASING PRESSURED UP TO 2,160. ISOLATION PLUG LANDED IN FLOAT COLLAR @ 143.5 BBLS AWAY). SHUT DOWN BLEED OFF PRESSURE, CLEANED LINES AND PRESSURE TESTED LINES TO 7,200 PSI. PRESSURED UP ON CASING W/ 6,527 PSI AND TRIED TO SURGE AGAINST ISOLATION PLUG AND COULD NOT GET PLUG TO BURST. SHUT IN CEMENT HEAD VERIFIED NO PRESSURE ON ANNULUS. NIPPLED DOWN B.O.P. , SET CASING IN SLIPS W/ 120K, CUT OFF CASING AND INSTALLED TUBING HEAD WITH BOTH OUTSIDE CASING VALVES AND MASTER VALVE WITH BULL PLUGS, NEEDLE VALVE AND GAUGES. INSTALLED BALL VALVES IN BOTH SIDES OF BRADEN HEAD WITH BULL PLUG ON ONE SIDE AND BALL VALVE, NEEDLE VALVE & GAUGE ON THE OTHER SIDE TO MONITOR PRODUCTION CASING ANNULUS GAS PRESSURE. CEMENT VOLUME CALCULATED @ APROX. 145.6 BBLS, VERIFIED BY 3,680 GALS OF MIX WATER USED. CASING SLIPS SET @ 17:00 HRS AND VALVE OPENED TO BRADEN HEAD GAUGE TO CONTINUOUSLY MONITOR BACKSIDE PRESSURE.

REMEDATION PLAN:  
 WPX WILL MONITOR TUBING AND ANNULAR PRESSURES ON THE RU 12-6 WHILE DRILLING RIG DRILLS THE LAST WELL ON PAD.  
 ONCE THE DRILLING RIG HAS MOVED OFF OF THE PAD, WPX WILL MOBILIZE A WORK-OVER RIG TO PERFORM REMEDIAL OPERATIONS.  
 PLAN IS TO DRILL OUT CEMENT FROM SURFACE DOWN TO TOP OF FLOAT COLLAR AT 9257'.  
 PRESSURE TEST CASING TO 5000 psi.  
 PERFORATE 4 1/2" CASING  
 ESTABLISH CIRCULATION OF WELLBORE  
 CIRCULATE OUT GAS AND CONDITION WELL BORE TO PREPARE FOR REMEDIAL CEMENT JOB.  
 CEMENT 4 1/2" CASING WITH SAME APPROVED SLURRY DESIGN.  
 SECURE WELL, MONITOR BRADEN HEAD FOR 72 HRS AND RIG DOWN.

**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:**

Attn to Mr. Craig Burger  
TD – 9296' MD  
Shoe depth – 9286' MD  
Float Collar depth – 9257' MD

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

Signed: \_\_\_\_\_ Print Name: Ashlee Fechino  
Title: Reg Team Lead Email: ashlee.fechino@wpenergy.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:**

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

**General Comments**

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

Total: 0 comment(s)

**Attachment Check List**

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

Total Attach: 0 Files