

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
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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: 47120 Contact Name CHERYL LIGHT
 Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6461
 Address: P O BOX 173779 Fax: (720) 929-7461
 City: DENVER State: CO Zip: 80217-3779 Email: cheryl.light@anadarko.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 123 29463 00 OGCC Facility ID Number: 299662
 Well/Facility Name: SEC FOUR Well/Facility Number: 32-4
 Location QtrQtr: NESW Section: 4 Township: 1N Range: 68W Meridian: 6
 County: WELD Field Name: WATTENBERG
 Federal, Indian or State Lease Number: _____

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>1726</u> <u>FSL</u>	<u>1602</u> <u>FWL</u>

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

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Current **Surface** Location **From** QtrQtr NESW Sec 4

Twp 1N Range 68W Meridian 6

New **Surface** Location **To** QtrQtr _____ Sec _____

Twp _____ Range _____ Meridian _____

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

<u>2572</u> <u>FSL</u>	<u>63</u> <u>FWL</u>
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Change of **Top of Productive Zone** Footage **To** Exterior Section Lines:

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Current **Top of Productive Zone** Location **From** Sec 4

Twp 1N Range 68W

New **Top of Productive Zone** Location **To** Sec _____

Twp _____ Range _____

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

<u>2588</u> <u>FSL</u>	<u>45</u> <u>FWL</u>
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Change of **Bottomhole** Footage **To** Exterior Section Lines:

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Current **Bottomhole** Location Sec 4 Twp 1N Range 68W

** 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 08/29/2016

REPORT OF WORK DONE Date Work Completed _____

<input type="checkbox"/> Intent to Recomplete (Form 2 also required)	<input checked="" 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 type="checkbox"/> Other _____	<input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases	

COMMENTS:

BRADENHEAD GAS ABATEMENT
 As per the meeting with COGCC, operator plans to remediate the surface pressures on the Bradenhead by piping Bradenhead gas through an existing pipeline to an ECD. This gas will be measured and burned at a high efficiency ECD.

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: CHERYL LIGHT

Title: SR. REGULATORY ANALYST Email: DJRegulatory@anadarko.com Date: 8/26/2016

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

COGCC Approved: BURN, DIANA Date: 12/10/2016

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

Flaring of natural gas shall comply with COGCC Rule 912. Operator is required to obtain and maintain any required air permits from CDPHE. Notify the local emergency dispatch or the local governmental designee of natural gas flaring.

Bradenhead gas is not to be vented to atmosphere; any gas from the Bradenhead will be routed to an enclosed tank and/or combustor. Gas from bradenhead shall be measured and flaring volumes reported on Form 7. The abatement program may only be used for one year from date of this approved Sundry.

Prior to starting bradenhead blowdown abatement:

- 1) Bradenhead test shall be performed and Form 17 submitted.
- 2) Collect bradenhead and production gas samples for laboratory analysis.

The gas analysis shall be for composition and stable carbon isotopes. The compositional analysis at a minimum shall include Hydrogen, Argon, Oxygen, Carbon Dioxide, Nitrogen, Methane, Ethene, Ethane, Propene, Propane, Isobutane, Butane, Isopentane, Pentane, Hexanes +, Specific Gravity and British Thermal Units (BTU). Stable carbon isotope analysis shall include delta DC1, delta 13C1, delta 13C2, delta 13C3, delta 13C4, delta 13NC4, delta 13C5 (if possible), delta 13NC5 (if possible), delta 13C6+ (if possible) and stable isotopes of CO2 if possible.

If liquid is encountered in the bradenhead then collect samples, analysis of the liquid samples shall be conducted to provide an evaluation of the liquid source. Submit for the laboratory analysis of major anions (chloride, carbonate, bicarbonate, and sulfate), cations (sodium, potassium, calcium, and magnesium) total dissolved solids (TDS), BTEX, DRO, GRO and dissolved gasses (RSK 175). If there is a limited amount of water available then anions, cations and BTEX should be given first priority. Copies of all final laboratory analytical results shall be provided to the COGCC within three months of collecting the samples in an approved electronic data deliverable format.

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)

Attachment Check List

Att Doc Num	Name
401100039	SUNDRY NOTICE APPROVED-VENT_FLARE
401164658	FORM 4 SUBMITTED

Total Attach: 2 Files