

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: 401493591			
Date Received: 05/04/2018			

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: 16660	Contact Name: KYLE BRADLEY
Name of Operator: CHESAPEAKE OPERATING LLC	Phone: (405) 9351721
Address: P O BOX 18496	Fax: ()
City: OKLAHOMA CITY State: OK Zip: 73154-0496	Email: KYLE.BRADLEY@CHK.COM

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 061 06882 00	OGCC Facility ID Number: 432674
Well/Facility Name: FISCHER STATE 16-19-48	Well/Facility Number: 1-H
Location QtrQtr: NWNW Section: 16 Township: 19S Range: 48W Meridian: 6	
County: KIOWA Field Name: WILDCAT	
Federal, Indian or State Lease Number: 1899.12	

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:

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

Current **Surface** Location **From** QtrQtr **NWNW** Sec **16**

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	
660	FNL	600	FWL
Twp 19S	Range 48W	Meridian 6	
Twp	Range	Meridian	
			**
Twp	Range		
Twp	Range		
			**
			** attach deviated drilling plan

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 FISCHER STATE 16-19-48 Number 1-H 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 _____

☒ REPORT OF WORK DONE Date Work Completed 03/02/2018

- | | | |
|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <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 checked="" 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:

Chesapeake has prepared for your consideration a REVISED reclamation variance request for the access road to this location. The attached document was prepared using the COGCC Operator Guidance Rule 1001.c: Reclamation Variances and Waivers. All corrective actions identified in Field Inspection Form 673504112, if not subject to this variance request, have been performed, and the surface owner is ready to assume control of the location.

Thank you.

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: _____

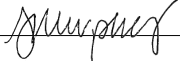
Print Name: KYLE BRADLEY

Title: Regulatory Analyst II

Email: kyle.bradley@chk.com

Date: 5/4/2018

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: 11/5/2018

CONDITIONS OF APPROVAL, IF ANY:

COA Type	Description
	The following conditions of approval are applied to the variance: COA #1 – The location must comply with the 1004 reclamation requirements. COA #2 - Continue to monitor and manage the access road and location for erosion and noxious weed control until final reclamation is passed. COA#3 –All corrective actions identified on a field inspection report must be performed by the corrective action date as a condition of approval for this variance until final reclamation is passed.

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Reclamation Specialist	<p>Approval of 502.b Final Reclamation Variance- Chesapeake, Fischer State location 1 message Costa - DNR, Ryan Mon, Oct 29, 2018 at 11:55 AM To: Julie Murphy - DNR Cc: Denise Arthur - DNR</p> <p>Dear Director Murphy,</p> <p>Per Denise Arthur, Reclamation Supervisor, this email pertains to the approval of a 502.b Final Reclamation Variance.</p> <p>Staff has conducted a detailed assessment of the below surface owner final reclamation variance per the 1001.c rule and have found that the request is sufficient and recommends approval. Staff finds that, in its current form, it is protective of public, health, safety, and welfare with the below conditions of approvals. Below is a summary of the Fischer State 16-19-48 location in which Chesapeake Operating has requested a 1001.c variance.</p> <p>API 061-06882, Doc. #401493591</p> <p>Requested Variance from the rules:</p> <ul style="list-style-type: none"> •Requesting a variance of select requirements of rule 1004.a. to not reclaim the access road and to retain the cattle guard and gates at the entrance. Also, to retain the uninstalled cattle guard that remains near the entrance. <p>Approved with the following COAs:</p> <p>COA #1 – The location must comply with the 1004 reclamation requirements.</p> <p>COA #2 - Continue to monitor and manage the access road and location for erosion and noxious weed control until final reclamation is passed.</p> <p>COA#3 –All corrective actions identified on a field inspection report must be performed by the corrective action date as a condition of approval for this variance until final reclamation is passed.</p> <p>Staff believes that there is no further action required by the Director unless you would like some further action to occur on staff's part. Please let us know if you would like staff to set up additional communications.</p> <p>Sincerely, Ryan Costa Southeastern Reclamation Specialist</p>	11/01/2018
Reclamation Specialist	<p>Reviewers comments/observations: This is the second submittal. Used variance example as a template with similar language. Photos don't show the location or road very well. Poorly written. Refers to the "well never drilled" for many reasons of the analysis of public health safety, welfare and environment. The variance is to retain the access road.</p>	11/01/2018
Reclamation Specialist	<p>1/24/2018 - Does not pass completeness check. Operator notified that additional information is required. This form is returned to draft. 5/4/2018 – Request resubmitted. 6/27/2018 – Completeness check performed. Reviewer notes of more issues. 10/22/2018 – Reviewed with supervisor. Recommend to pass.</p>	01/24/2018

Total: 3 comment(s)

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401493591	SUNDRY NOTICE APPROVED-502b
401629812	OTHER
401825457	FORM 4 SUBMITTED
Total Attach: 3 Files	