

State of Colorado
Oil and Gas Conservation Commission

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DE	ET	OE	ES
Document Number: <u>402310786</u>			
Date Received: <u>02/12/2020</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: <u>47120</u> Contact Name <u>MIKE WARDINSKY</u>		Complete the Attachment Checklist OP OGCC		
Name of Operator: <u>KERR MCGEE OIL & GAS ONSHORE LP</u> Phone: <u>(720) 9293758</u>				
Address: <u>P O BOX 173779</u> Fax: <u>()</u>				
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-3779</u> Email: <u>MIKE_WARDINSKY@OXY.COM</u>				
API Number : 05- <u>123</u> <u>21279</u> <u>00</u> OGCC Facility ID Number: <u>265765</u>		Survey Plat		
Well/Facility Name: <u>BARCLAY FARMS L</u> Well/Facility Number: <u>2-9 JI</u>		Directional Survey		
Location QtrQtr: <u>NESE</u> Section: <u>2</u> Township: <u>3N</u> Range: <u>66W</u> Meridian: <u>6</u>		Srfc Eqpmt Diagram		
County: <u>WELD</u> Field Name: <u>WATTENBERG</u>		Technical Info Page		
Federal, Indian or State Lease Number: _____		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 GPS Quality Value: Type of GPS Quality Value: PDOP Measurement Date:

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	2
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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

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 BARCLAY FARMS L Number 2-9 JI 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 02/12/2020

☐ 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>BRADENHEAD MITIGATION</u> | <input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases | |

COMMENTS:

Annual Form 17 pressure greater than COGCC Order 1-232 threshold (Form 17 date 03/19/19). Pressure 50psi<x<100psi will be mitigated with blowdowns once monthly, to determine next steps, for 6 months.

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

<u>No</u>		<u>BMP/COA Type</u>	<u>Description</u>

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: JENNA FREDERICK
Title: REGULATORY TECH Email: JENNA_FREDERICK@OXY.COM Date: 2/12/2020

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

COGCC Approved: McCoy, Diane Date: 5/5/2020

CONDITIONS OF APPROVAL, IF ANY:

COA Type	Description
	<ol style="list-style-type: none">1. Operator shall implement measures to control venting, to protect health and safety, and to ensure that vapors and odors from well operations do not constitute a nuisance or hazard to public welfare.2. Prior to starting bradenhead mitigation, if a sample has not been collected within the last twelve months collect bradenhead and production gas samples for laboratory analysis. Sampling shall comply with Operator Guidance - Bradenhead Testing and Reporting Instructions, Appendix A: Liquid and Gas Sampling. Copies of all final laboratory analytical results shall be provided to the COGCC within three months of collecting the samples.3. Operator shall implement measures to get an initial estimate of the gas flow rate and/or volume from the bradenhead. During the shut-in period record pressure data to adequately characterize the build-up.4. This mitigation plan may be used for six consecutive months from the approved sundry date. At the conclusion of the six months, conduct a new bradenhead test and submit the Form 17 within ten days of the test and submit a Form 4 Sundry that summarizes current well condition. The sundry should include details of the future plans and the flow rate information and pressure data.

General Comments

User Group	Comment	Comment Date
Engineer	Form 17 test data submitted via Bulk Upload. Initial Bradenhead pressure 90 psig. Revised operator's comments per email from operator. Deepest water well within one mile = 440' DWR's aquifer determination tool base of Laramie-Fox Hills = 452'	05/05/2020

Total: 1 comment(s)

Attachment Check List

Att Doc Num	Name
402310786	SUNDRY NOTICE APPROVED-OTHER
402390234	FORM 4 SUBMITTED

Total Attach: 2 Files