

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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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 Christina Hirtler
 Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6301
 Address: P O BOX 173779 Fax: ()
 City: DENVER State: CO Zip: 80217-3779 Email: christina_hirtler@oxy.com

FORM 4 SUBMITTED FOR:

Facility Type: WELL
 API Number : 05- 123 21704 00 ID Number: 269605
 Name: KOESTER Number: 12-33
 Location QtrQtr: NWSW Section: 33 Township: 4N Range: 67W Meridian: 6
 County: WELD Field Name: WATTENBERG

Oil & Gas Location(s) and Oil & Gas Development Plan (OGDP) Information

Location(s)

Location ID	Location Name and Number
332007	KOESTER-64N67W 33NWSW

OGDP(s)

No OGDP

WELL LOCATION CHANGE OR AS-BUILT GPS REPORT

- Change of Location for Well * As-Built GPS Location Report As-Built GPS Location Report with Survey

* Well Location Change requires a new Plat.

SURFACE LOCATION GPS DATA Data must be provided for Change of Surface Location and As Built Reports.

Latitude _____ Longitude _____
 GPS Quality Value: _____ Type of GPS Quality Value: _____ Measurement Date: _____
 Well Ground Elevation: _____ feet (Required for change of Surface Location.)

WELL LOCATION CHANGE

Well plan is: _____ (Vertical, Directional, Horizontal)

Change of **Surface Footage From:**

Change of **Surface Footage To:**

Current Surface Location From	QtrQtr	<input type="text" value="NWSW"/>	Sec	<input type="text" value="33"/>	Twp	<input type="text" value="4N"/>	Range	<input type="text" value="67W"/>	Meridian	<input type="text" value="6"/>
New Surface Location To	QtrQtr	<input type="text"/>	Sec	<input type="text"/>	Twp	<input type="text"/>	Range	<input type="text"/>	Meridian	<input type="text"/>

Change of **Top of Productive Zone Footage From:**

Change of **Top of Productive Zone Footage To:**

Current Top of Productive Zone Location	Sec	<input type="text"/>	Twp	<input type="text"/>	Range	<input type="text"/>
New Top of Productive Zone Location	Sec	<input type="text"/>	Twp	<input type="text"/>	Range	<input type="text"/>

FNL/FSL		FEL/FWL	
<input type="text" value="2157"/>	<input type="text" value="FSL"/>	<input type="text" value="472"/>	<input type="text" value="FWL"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**

Change of **Base of Productive Zone** Footage **From:**

Change of **Base of Productive Zone** Footage **To:**

**

Current **Base of Productive Zone** Location

Sec

Twp

Range

New **Base of Productive Zone** Location

Sec

Twp

Range

Change of **Bottomhole** Footage **From:**

Change of **Bottomhole** Footage **To:**

**

Current **Bottomhole** Location

Sec

Twp

Range

** attach deviated drilling plan

New **Bottomhole** Location

Sec

Twp

Range

SAFETY SETBACK INFORMATION

Required for change of Surface Location.

Distance from Well to nearest:

- Building: _____ Feet
- Building Unit: _____ Feet
- Public Road: _____ Feet
- Above Ground Utility: _____ Feet
- Railroad: _____ Feet
- Property Line: _____ Feet

INSTRUCTIONS:

- Specify all distances per Rule 308.b.(1).
- Enter 5280 for distance greater than 1 mile.
- Building - nearest building of any type. If nearest Building is a Building Unit, enter same distance for both.
- Building Unit – as defined in 100 Series Rules.

SUBSURFACE MINERAL SETBACKS

Required for change of Top and/or Base of Productive Zone. Enter 5280 for distance greater than 1 mile.

Is this Well within a unit? _____

If YES:

Enter the minimum distance from the Completed Zone of this Well to the Unit Boundary: _____ Feet

Enter the minimum distance from the Completed Zone of this Well to the Completed Zone of an offset Well within the same unit permitted or completed in the same formation: _____ Feet

If NO:

Enter the minimum distance from the Completed Zone of this Well to the Lease Line of the described lease: _____ Feet

Enter the minimum distance from the Completed Zone of this Well to the Completed Zone of an offset Well producing from the same lease and permitted or completed in the same formation: _____ Feet

Exception Location

If this Well requires the approval of a Rule 401.c Exception Location, enter the Rule or spacing order number and attach the Exception Location Request and Waivers. _____

LOCATION CHANGE COMMENTS

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>	<u>Add</u>	<u>Modify</u>	<u>No Change</u>	<u>Delete</u>
NIOBRARA-CODELL	NB-CD	407	160				X	

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, as required by Rule 434.b.(3).

Date well temporarily abandoned _____
Has Production Equipment been removed from site? _____
Mechanical Integrity Test (MIT) required. Date of last MIT _____

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/REQUEST FOR APPROVAL Approximate Start Date 03/09/2022
 SUBSEQUENT REPORT Date of Activity _____

- Bradenhead Plan
 - Change Drilling Plan
 - Gross Interval Change
 - Underground Injection Control
 - Request approval of Reuse and Recycling Plan per Rule 905.a.(3). (Reuse and Recycling Plan must be attached.)
 - Request approval of Alternative Sampling Plan per Rule 909.j.(6). for this Pit. (Alternative Sampling Program must be attached.)
 - Other Rule 312.a
- Venting or Flaring (Rule 903)
 - Repair Well
- E&P Waste Mangement
 - Beneficial Reuse of E&P Waste

Request that an existing produced water sample from the same formation be used per Rule 909.j.(6) to meet the requirements of Rule 909.j.(1)-(5) for this Well.

Pit ID _____ Pit Name _____
(No Sample Provided)

Subsequent well operations with heavy equipment (Rule 312)
(No Well Provided)

COMMENTS:

Safety procedure per rule 312.a

PU and TIH with (4-1/2", 11.6#) bit and scraper on 2-3/8" tubing to 6905'. LD bit and scraper.
 PU and TIH with 10,000 psi rated RBP above and below (4-1/2", 11.6#) on 2-3/8" tubing. Set RBP at +/-3700.
 Load hole with fresh water + biocide and circulate all gas out of well. Pressure test casing to 500 psi and hold for 15 minutes. No leakoff is acceptable. If leakoff occurs, contact engineer or foreman.
 Stack out tubing on RBP. ND BOPs and tubing head. NU 5K tubing head. NU BOPs. Pick up tubing and close pipe rams. Pressure test casing to 500 psi and hold for 15 minutes. No leakoff is acceptable. If leakoff occurs, contact engineer or foreman. TOOH and LD RBP.
 MIRU Hydrotesters. Hydrotest production string on the way in to 6,000 psi below the slips. RDMO Hydrotesters.
 Reverse circulate the backside volume at least once with packer fluid at a low rate to not wash out packer elements. Have SDS on location. Set packer at 6890'. Land tubing. Proceed to pressure test backside to 500 psi and hold for 15 minutes. No leakoff is acceptable. If leakoff occurs, contact engineer or foreman.
 Install two 5,000 psi rated casing valves on the offside and two 5,000 psi rated casing valves on the flowline side for a total of 4 casing valves and XXH nipples.
 RU slickline. Broach tubing to XN nipple with broach measured to tubing drift. RD slickline.
 ND BOP. Land tubing in tubing hanger. NU 7-1/16", 5K flanged tubing head adaptor w/ two new 2-1/16", 5K flanged master valves. Put new R46 gasket on tubing head. Install new tubing hanger ring gaskets. Install new lockdown screw packing.

CASING PROGRAM

(No Casing Provided)

POTENTIAL FLOW AND CONFINING FORMATIONS

H2S REPORTING

Intentional release of H2S gas due to Upset Condition or malfunction.

Intent to temporarily abandon well with potential H2S concentration >100 ppm.

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:

OIL & GAS LOCATION UPDATES

OGDP ID _____ OGDP Name _____

SITE EQUIPMENT LIST UPDATES

Indicate the number and type of major equipment components planned for use on this Oil and Gas Location:

Wells _____	Oil Tanks _____	Condensate Tanks _____	Water Tanks _____	Buried Produced Water Vaults _____
Drilling Pits _____	Production Pits _____	Special Purpose Pits _____	Multi-Well Pits _____	Modular Large Volume Tank _____
Pump Jacks _____	Separators _____	Injection Pumps _____	Heater-Treaters _____	Gas Compressors _____
Gas or Diesel Motors _____	Electric Motors _____	Electric Generators _____	Fuel Tanks _____	LACT Unit _____
Dehydrator Units _____	Vapor Recovery Unit _____	VOC Combustor _____	Flare _____	Enclosed Combustion Devices _____
Meter/Sales Building _____	Pigging Station _____	Vapor Recovery Towers _____		

OTHER PERMANENT EQUIPMENT UPDATES

OTHER TEMPORARY EQUIPMENT UPDATES

CULTURAL AND SAFETY SETBACK UPDATES

OTHER LOCATION CHANGES AND UPDATES

Provide a description of other changes or updates to technical information for this Location:

[Empty text box for other location changes and updates]

POTENTIAL OGDG UPDATES

PROPOSED CHANGES TO AN APPROVED OGDG

This Sundry Form 4 is being submitted pursuant to Rule 301.c to propose changes to an approved Oil and Gas Development Plan.

Check all boxes that pertain to the type(s) of changes being proposed for this OGDG:

- Add Oil and Gas Location(s)
- Add Drilling and Spacing Unit(s)
- Amend Oil and Gas Location(s)
- Amend Drilling and Spacing Unit(s)
- Remove Oil and Gas Location(s)
- Remove Drilling and Spacing Unit(s)
- Oil and Gas Location attachment or plan updates
- Amend the lands subject to the OGDG
- Other

Provide a detailed description of the changes being proposed for this OGDG. Attach supporting documentation such as maps if necessary.

[Empty text box for detailed description of changes]

Best Management Practices

No BMP/COA Type

Description

No BMP/COA Type	Description

Operator Comments:

[Empty text box for 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: Christina Hirtler
 Title: Regulatory Email: christina_hirtler@oxy.com Date: 2/23/2022

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

COGCC Approved: NOTO, JOHN Date: 2/25/2022

CONDITIONS OF APPROVAL, IF ANY:

Condition of Approval

COA Type

Description

	Prior to commencing operations, at a minimum, the operator will provide an informational sheet to the owners/occupants of RBU that is north of and adjacent to the parcel on which the well is located. The sheet will include the operator's contact information and the nature, timing, and expected duration of the safety procedure operation.
	Provide electronic Form 42 Notice of MIRU 2 business days ahead of operations. If pressure test fails, contact COGCC engineering prior to continuing operations.

2 COAs

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)

Attachment List

Att Doc Num

Name

402963117	SUNDRY NOTICE APPROVED-OBJ-OTHER
402963122	PROPOSED PROCEDURE
402966856	FORM 4 SUBMITTED

Total Attach: 3 Files