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Document Number:  400414846			

**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 36571 00 OGCC Facility ID Number: 431356  
 Well/Facility Name: JELTS Well/Facility Number: 16N-19HZ  
 Location QtrQtr: NENE Section: 19 Township: 1N Range: 67W 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: HORIZONTAL (Vertical, Directional, Horizontal)

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

FNL/FSL	FEL/FWL
<u>275</u> <u>FNL</u>	<u>938</u> <u>FEL</u>

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

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Current **Surface** Location **From** QtrQtr NENE Sec 19

Twp 1N Range 67W Meridian 6

New **Surface** Location **To** QtrQtr \_\_\_\_\_ Sec \_\_\_\_\_

Twp \_\_\_\_\_ Range \_\_\_\_\_ Meridian \_\_\_\_\_

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

<u>635</u> <u>FNL</u>	<u>510</u> <u>FEL</u>
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Change of **Top of Productive Zone** Footage **To** Exterior Section Lines:

<u>631</u> <u>FNL</u>	<u>670</u> <u>FWL</u>	**
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Current **Top of Productive Zone** Location **From** Sec 19

Twp 1N Range 67W

New **Top of Productive Zone** Location **To** Sec 19

Twp 1N Range 67W

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

<u>460</u> <u>FSL</u>	<u>510</u> <u>FEL</u>
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Change of **Bottomhole** Footage **To** Exterior Section Lines:

<u>460</u> <u>FSL</u>	<u>670</u> <u>FEL</u>	**
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Current **Bottomhole** Location Sec 19 Twp 1N Range 67W

\*\* attach deviated drilling plan

New **Bottomhole** Location Sec 19 Twp 1N Range 67W

Is location in High Density Area? No

Distance, in feet, to nearest building 1455, public road: 281, above ground utility: 307, railroad: 3290,  
 property line: 281, lease line: 0, well in same formation: 237

Ground Elevation 5158 feet Surface owner consultation date 10/15/2012



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 05/13/2013

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 checked="" 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:

**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
First String	8	3		4	7	0		0	26	0	7953	780	7953	
1ST LINER	6	1		8	4	1		2	11.6	6952	12143			

**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:

**BMP**

<u>Type</u>	<u>Comment</u>

Total: 0 comment(s)

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: \_\_\_\_\_

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:**

**General Comments**

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

Total: 0 comment(s)

**Attachment Check List**

Att Doc Num	Name
400414851	WELL LOCATION PLAT
400414852	DEVIATED DRILLING PLAN
400414853	DIRECTIONAL DATA
400414855	OTHER

Total Attach: 4 Files