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Document Number:  400430527			

**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 36743 00 OGCC Facility ID Number: 431700  
 Well/Facility Name: GOBLER Well/Facility Number: 37N-27HZ  
 Location QtrQtr: SWSE Section: 22 Township: 2N Range: 66W 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 40.118693 PDOP Reading 2.0 Date of Measurement 04/15/2013  
 Longitude -104.761913 GPS Instrument Operator's Name OWEN MCKEE

**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>615</u>	<u>FSL</u>	<u>1972</u>	<u>FEL</u>
<u>821</u>	<u>FSL</u>	<u>2217</u>	<u>FEL</u>

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

Current **Surface** Location **From** QtrQtr SWSE Sec 22 Twp 2N Range 66W Meridian 6  
 New **Surface** Location **To** QtrQtr SWSE Sec 22 Twp 2N Range 66W Meridian 6

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

<u>50</u>	<u>FSL</u>	<u>1536</u>	<u>FEL</u>
<u>50</u>	<u>FSL</u>	<u>1536</u>	<u>FEL</u> **

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

Current **Top of Productive Zone** Location **From** Sec 22 Twp 2N Range 66W  
 New **Top of Productive Zone** Location **To** Sec 22 Twp 2N Range 66W

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

<u>460</u>	<u>FSL</u>	<u>1536</u>	<u>FEL</u>
			**

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

Current **Bottomhole** Location Sec 27 Twp 2N Range 66W \*\* attach deviated drilling plan  
 New **Bottomhole** Location Sec      Twp      Range     

Is location in High Density Area? No

Distance, in feet, to nearest building 500, public road: 821, above ground utility: 396, railroad: 13043,  
 property line: 417, lease line: 0, well in same formation: 691

Ground Elevation 5051 feet Surface owner consultation date 04/15/2013



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 07/17/2013

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
Surface String	13	1		2	9	5		8	36	0	1050	400	1050	0
First String	8	3		4	7	0		0	26	0	7710	780	7710	
1ST LINER	6	1		8	4	1		2	11.6	6703	12579			

**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**

Type

Comment

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

Total: 0 comment(s)

**Operator Comments:**

Unit Configuration will not change: NBRR: Sec. 22:S/2SE/4; Sec. 27:E/2.

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**

**User Group**      **Comment**      **Comment Date**

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

Total: 0 comment(s)

**Attachment Check List**

Att Doc Num	Name
400430556	DEVIATED DRILLING PLAN
400430557	EXCEPTION LOC REQUEST
400430558	EXCEPTION LOC WAIVERS
400430559	WELL LOCATION PLAT
400430561	DIRECTIONAL DATA
400430562	PROPOSED SPACING UNIT

Total Attach: 6 Files