

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES	
----	----	----	----	--

Document Number:

1772353

Date Received:

03/01/2013

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 L	Phone:	(720) 929-6000
Address:	P O BOX 173779 ATTN: ASHLEY COCCIOLONE	Fax:	(720) 929-7461
City:	DENVER	State:	CO
Zip:	80217-3779	Email:	

Complete the Attachment Checklist

OP OGCC

API Number :	05-	<u>123</u>	<u>30404</u>	<u>00</u>	OGCC Facility ID Number:	<u>412225</u>
Well/Facility Name:	<u>WEICHEL</u>				Well/Facility Number:	<u>33-14</u>
Location	QtrQtr: <u>SWSW</u>	Section: <u>14</u>	Township: <u>2N</u>	Range: <u>65W</u>	Meridian: <u>6</u>	
County:	<u>WELD</u>		Field Name:	<u>WATTENBERG</u>		
Federal, Indian or State Lease Number:						

Survey Plat		
Directional Survey		
Srvc Eqpmnt 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 Sec

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		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Twp <input type="text"/>	Range <input type="text"/>	Meridian <input type="text"/>		
Twps <input type="text"/>	Range <input type="text"/>	Meridian <input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	**
Twps <input type="text"/>	Range <input type="text"/>			
Twps <input type="text"/>	Range <input type="text"/>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	**
Range <input type="text"/>	** attach deviated drilling plan			
Range <input type="text"/>				

** 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 _____ Number _____ 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 _____

- | | | |
|--|---|--|
| <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 checked="" 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>brhd test</u> | <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

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:

WEICHEL 33-14

1 LEVEL LOCATION FOR BASE BEAM EQUIPPED RIG.

2 CALL FOREMAN OR FIELD COORDINATOR BEFORE RIG UP TO CATCH PLUNGER, ISOLATE PRODUCTION EQUIPMENT, AND ASK IF REPLACEMENT PARTS/EQUIPMENT ARE REQUESTED. OPERATIONS NEED TO HOOK UP THE BRADENHEAD PRESSURE A BLEED OFF THE PRESSURE BEFORE THE RIG GETS ON LOCATION.

3 CHECK AND REPORT SURFACE CASING PRESSURE. IF SURFACE CASING IS NOT ACCESSIBLE AT GROUND LEVEL, RE-PLUMB SO VALVE IS AT GROUND LEVEL.

4 SPOT A MINIMUM OF 10 JTS OF 2-3/8", 6.5#, J-55, EUE TBG FOR REPLACEMENT AND 160 JTS 1-1/4", 2-33#/FT, J-55, 10RD IJ FOR ANNULAR CEMENT JOB.

5 MIRU WO RIG. KILL WELL, AS NECESSARY, WITH FRESHWATER AND BIOCID. ND WELLHEAD. NU BOP.

6 MIRU SLICKLINE. FISH PLUNGER IF NECESSARY AND TAG FOR PBTD (SHOULD BE AT 7209'). RDMO SLICKLINE.

7 PUH WITH TUBING STRING TO BREAK ANY POSSIBLE SAND BRIDGES, UNSEAT LANDING JOINT AND LAY DOWN. DO NOT EXCEED A TENSILE STRESS OF 57,384 LBS.

8 MIRU "EMI". TOO H WITH 2-3/8" TUBING. EMI TUBING WHILE TOO H. LAY DOWN JOINTS WITH WALL LOSS OR PENETRATIONS >35%. REPLACE JOINTS AS NECESSARY. **KEEP YELLOW & BLUE BAND TUBING. NOTE JOINT NUMBER AND DEPTH OF TUBING LEAK(S) ON PRODUCTION EQUIPMENT FAILURE REPORT IN OPEN WELLS.

9 TIH WITH 2-3/8" TBG AND 4.5" RBP AND PACKER (4.5" CSG 11.6# I-80). SET RBP @ +/-2990', (COLLARS ARE AT 2963+' AND 3006'). PRESSURE TEST THE RBP AND CASING TO 2000 PSI. CIRCULATE 2 SX OF SAND ON TOP OF RBP AND TRIP OUT OF THE HOLE WITH PACKER.

10 ND BOP'S AND NIPPLE UP TUBING HEAD ADAPTER WITH NEW 5000 PSI MASTER VALVE WITH 2-3/8" 8RD SCREWED CONNECTION. MAKE SURE THAT ALL CASING VALVES ARE GOOD TO 5000 PSI AND IF NOT CHANGE OUT WITH NEW CASING VALVES.

11 PRESSURE TEST CASING AND TUBING HEAD TO 5000 PSI USING HYDROTESTER FOR 15 MIN.

12 IF PRESSURE TEST UNSUCCESSFUL, CALL EVANS OFFICE FOR ALTERNATE PROCEDURES.

13 ND WELLHEAD. UN-LAND 4 1/2" CASING STRING. NU DOUBLE ENTRY FLANGE. IF THE SLIPS WILL NOT COME THEN CONTACT THE EVANS OFFICE.

14 PU 1-1/4" 2.3#/FT J-55 10RD IJ TUBING, AND TIH OUTSIDE 4-1/2" CASING AND OPEN HOLE TO 580'. CIRCULATE WITH FRESHWATER AND BIOCIDES TO CLEAN UP ANNULUS WHILE TIH.

15 RIG UP CEMENT TRUCK AND PUMP 50 BBLs OF DRILLING MUD FOLLOWED WITH FRESHWATER SPACER AND CEMENT JOB CONSISTING OF 150 SX 15.8 PPG NEAT CLASS G CEMENT. THE CEMENT TO BE RETARDED FOR 125 DEGREE FAHRENHEIT FOR SIX HOUR PUMP TIME. (ATTEMPT TO CEMENT FROM 580 TO SURFACE).

16 TOH WITH AND STAND BACK IN DERRICK TO END OF TUBING.

17 TRIP OUT OF THE HOLE WITH TUBING AND SHUT IN OVERNIGHT.

18 RIG DOWN CEMENTING COMPANY.

19 LAND 4-1/2" CASING. ND DOUBLE ENTRY FLANGE AND CROSSOVER. NU WELLHEAD. SDFN TO WOC.

20 MIRU WIRELINE SERVICES.

21 PU AND RIH WITH CCL-GR-CBL-VDL. RUN FROM 700' TO SURFACE, OR THE TOP OF CEMENT. RDMO WIRELINE.

22 ND TBG HEAD ADAPTER AND MASTER VALVE. NU BOP

23 PU AND TIH WITH 2-3/8" TBG AND RETRIEVING HEAD. CIRCULATE SAND OFF RBP AT @ +/-2990'. TOOH STANDING BACK TUBING.

24 BAIL IF THE NEED BE.

25 TIH 2-3/8" NC, 2-3/8" SN, AND 2-3/8" 6.5# J-55 EUE 8RD TUBING. LAND TUBING AT +/- 7218' OR 1 JOINT ABOVE THE TOP CODELL PERFORATION (7248-7264).

26 BROACH TUBING TO SEATING NIPPLE. ND BOPS. NU WELLHEAD. RDMO WO RIG.

27 CLEAN LOCATION AND SWAB WELL BACK TO PRODUCTION, IF NECESSARY. NOTIFY FOREMAN/FIELD COORDINATOR OF FINISHED WORK AND TURN WELL OVER TO PRODUCTION TEAM.

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: _____ Email: DJREGULATORY@ANADARKO.COM Date: 3/1/2013

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: 3/4/2013

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

--	--

General Comments

User Group

Comment

Comment Date

--	--	--

Total: 0 comment(s)

Attachment Check List

Att Doc Num

Name

--	--

Total Attach: 0 Files