

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 |
|----|----|----|----|

Submit By Other Operator

Document Number:
400545037
Date Received:
01/24/2014

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: 100322 Contact Name KATHLEEN MILLS
 Name of Operator: NOBLE ENERGY INC Phone: (720) 587-2226
 Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202 Email: kmills@nobleenergyinc.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 123 16748 00 OGCC Facility ID Number: 248946
 Well/Facility Name: HSR KRAMER Well/Facility Number: 2-27
 Location QtrQtr: NWNE Section: 27 Township: 5N Range: 65W Meridian: 6
 County: WELD Field Name: WATTENBERG
 Federal, Indian or State Lease Number: 60879

| | | |
|---------------------|--|--|
| 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: _____ (Vertical, Directional, Horizontal)

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

| | | | |
|-----|---------|------|---------|
| | FNL/FSL | | FEL/FWL |
| 660 | FNL | 1780 | FEL |

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

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Current **Surface** Location **From** QtrQtr NWNE Sec 27

| | | |
|---------------|------------------|-------------------|
| Twp <u>5N</u> | Range <u>65W</u> | Meridian <u>6</u> |
|---------------|------------------|-------------------|

New **Surface** Location **To** QtrQtr _____ Sec _____

| | | |
|-----------|-------------|----------------|
| Twp _____ | Range _____ | Meridian _____ |
|-----------|-------------|----------------|

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 _____

| | |
|-----------|-------------|
| Twp _____ | Range _____ |
|-----------|-------------|

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

| | |
|-----------|-------------|
| Twp _____ | Range _____ |
|-----------|-------------|

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

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

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

| | | | |
|--|--|--|----|
| | | | ** |
|--|--|--|----|

Current **Bottomhole** Location Sec _____ Twp _____

| | |
|-------------|----------------------------------|
| Range _____ | ** attach deviated drilling plan |
|-------------|----------------------------------|

New **Bottomhole** Location Sec _____ Twp _____

| |
|-------------|
| Range _____ |
|-------------|

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 _____

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 02/01/2014

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 type="checkbox"/> Other _____ | <input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases | |

COMMENTS:

- 1) MIRU Workover rig, pump & tank.
- 2) Control well with kill fluid
- 3) POOH w/ 2 3/8" tubing
- 4) RIH w/ Bit & Scraper. Tag fill if any. Clean out to PBTD (tally in). TOOH
- 5) RIH w/RBP. Set RBP @ +/- 6662', spot 2 sx of sand on top of RBP. Test RBP 2,000psi. TOOH
- 6) Bleed off bradenhead, unland casing
- 7) Trip in 1 1/4" tubing down annular w/ mule shoe to +/- 400', condition hole.
- 8) RU cement crew, pump 116 sxs 15.8ppg "G" neat cement bringing cement to surface
- 9) POOH with 1 1/4" tubing, land casing.
- 10) SI well overnight, run CBL recording new cement depths
- 11) Clean out hole, retrieve RBP
- 12) RIH 2 3/8" tubing
- 13) Return well to production under pumper guidance

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:

| <u>Best Management Practices</u> | | |
|-----------------------------------------|----------------------------|---------------------------|
| <u>No</u> | <u>BMP/COA Type</u> | <u>Description</u> |
| | | |

Operator Comments:

[Empty 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: KATHLEEN MILLS
Title: REGULATORY ANALYST Email: kmills@nobleenergyinc.com Date: 1/24/2014

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

COGCC Approved: HICKEY, MIKE Date: 2/10/2014

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

| | |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | The additional cement referenced shall be placed as indicated and comply with Rule 317.i. The placed cement shall be verified with a CBL and documented with a Form 5. |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

General Comments

User Group

Comment

Comment Date

| | | |
|--|--|--|
| | | |
|--|--|--|

Total: 0 comment(s)

Attachment Check List

Att Doc Num

Name

| | |
|-----------|------------------|
| 400545037 | FORM 4 SUBMITTED |
|-----------|------------------|

Total Attach: 1 Files