

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: <u>400550192</u>			
Date Received: <u>02/04/2014</u>			

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: 66561 Contact Name Joan Proulx
 Name of Operator: OXY USA INC Phone: (970) 263-3641
 Address: 760 HORIZON DR #101 Fax: (970) 263-3694
 City: GRAND JUNCTION State: CO Zip: 81506 Email: joan_proulx@oxy.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 077 09273 00 OGCC Facility ID Number: 290050
 Well/Facility Name: HELLS GULCH FED. Well/Facility Number: 26-4A
 Location QtrQtr: SEnw Section: 26 Township: 8S Range: 92W Meridian: 6
 County: MESA Field Name: ALKALI CREEK
 Federal, Indian or State Lease Number: COC66918

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:

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

Current **Surface** Location **From** QtrQtr SEnw Sec 26

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 26

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 26 Twp 8S

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	
<u>1334</u>	<u>FNL</u>	<u>1403</u>	<u>FWL</u>
_____	_____	_____	_____
Twp <u>8S</u>	Range <u>92W</u>	Meridian <u>6</u>	
Twp _____	Range _____	Meridian _____	
<u>299</u>	<u>FNL</u>	<u>654</u>	<u>FWL</u>
_____	_____	_____	_____
Twp <u>8S</u>	Range <u>92W</u>		
Twp _____	Range _____		
<u>299</u>	<u>FNL</u>	<u>654</u>	<u>FWL</u>
_____	_____	_____	_____
Twp <u>8S</u>	Range <u>92W</u>		
Twp _____	Range _____		

**

**

** 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 HELLS GULCH FED. Number 26-4A 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 02/05/2014

☐ REPORT OF WORK DONE Date Work Completed _____

- ☐ Intent to Recomplete (Form 2 also required)☐ Request to Vent or Flare☐ E&P Waste Mangement Plan
- ☐ Change Drilling Plan☐ Repair Well☐ Beneficial Reuse of E&P Waste
- ☐ Gross Interval Change☐ Rule 502 variance requested. Must provide detailed info regarding request.
- ☒ Other Plumb BH to sales☐ Status Update/Change of Remediation Plans for Spills and Releases

COMMENTS:

OXY USA Inc has experienced and reported to the COGCC elevated bradenhead pressures from the Hells Gulch Federal 26-4A well, located in the bradenhead NTO area for the Buzzard, Mamm Creek and Rulison fields. Oxy has determined the source of the pressure to be nuisance gas emanating from the Wasatch formation. In order to alleviate the elevated bradenhead pressures from this well, the bradenhead gasses will be plumbed into the gas gathering system for the well. Attached is a diagram of the proposed piping modification. The line will be constructed of threaded schedule 80 pipe and equipped with two block valves, two check valves and a pressure transducer, which will be integrated into our remote monitoring system. The gathering system at this location consistently runs less than 150 psi. Keeping the bradenhead open and venting into this system will allow any excess pressure which might build in excess of 150 psi to vent. The pressure transducer on the bradenhead will be integrated into our ICONIX system which will allow for remote monitoring along with the ability to set alarms as warranted to ensure that the bradenhead does not operate in an over-pressured manner. If/when we experience extended upsets causing high line pressure our Lease Operators will manually set the valves to bleed any excess (<150 psi) pressure to the product ion tank battery located on site. At least annually the bradenhead will be closed in and tested as detailed, with the appropriate notifications required by the NTO dated July 8, 2010. At any time where the configuration of the gathering system is changed and Oxy is no longer able to operate the system consistently under 150 psi, appropriate measures will be taken in coordination with the COGCC to assure that the bradenehad pressure is operated in a safe and compliant manner.

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

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Operator Comments:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Joan Proulx
Title: Regulatory Email: joan_proulx@oxy.com Date: 2/4/2014

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

COGCC Approved: BURGER, CRAIG Date: 3/4/2014

CONDITIONS OF APPROVAL, IF ANY:**COA Type****Description**

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General Comments**User Group****Comment****Comment Date**

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Total: 0 comment(s)

Attachment Check List**Att Doc Num****Name**

400550192	FORM 4 SUBMITTED
400550204	OTHER

Total Attach: 2 Files