

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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DE	ET	OE	ES
Document Number: 400566420			
Date Received: 03/13/2014			

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: 46685 Contact Name Paul Belanger
 Name of Operator: KINDER MORGAN CO2 CO LP Phone: (970) 882-2464
 Address: 17801 HWY 491 Fax: (970) 882-5521
 City: CORTEZ State: CO Zip: 81321 Email: Paul_Belanger@kindermorgan.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 083 06583 00 OGCC Facility ID Number: 224518
 Well/Facility Name: HD Well/Facility Number: 3
 Location QtrQtr: SWNE Section: 13 Township: 37N Range: 19W Meridian: N
 County: MONTEZUMA Field Name: MCELMO
 Federal, Indian or State Lease Number: COC033300

Survey Plat		
Directional Survey		
Srfc 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 SWNE Sec 13

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	
2486	FNL	2770	FEL
Twp <u>37N</u>	Range <u>19W</u>	Meridian <u>N</u>	
Twp _____	Range _____	Meridian _____	
Twp _____	Range _____		
Twp _____	Range _____		
Twp _____	Range _____		
Twp _____	Range _____		

**

**

** attach deviated drilling plan

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 03/05/2014

<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 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 checked="" type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases	

COMMENTS:

This is a follow-up sundry "work completed" to close out NOI sundry docnum Form 5A to change status associated with this sdry. Planned work to repair is being put off since plans are underway to re-enter and drill a new horizontal wellbore. We are thus changing status to SI per form 5A, docnum 400566421 being submitted simultaneously. Tubing was put in since last WBD submitted details of which are included in current attached WBD and being addressed with form 5A

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:

see the associated form 5A, docnum 400566421, to change status associated with this sundry to SI.

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

Signed: _____ Print Name: Paul E. Belanger
Title: Regulatory Contractor Email: Paul_Belanger@kindermorgan.com Date: 3/13/2014

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

COGCC Approved: WEEMS, MARK Date: 3/29/2014

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

General Comments

User Group	Comment	Comment Date
Engineer	The operator will SI well with future plans to drill a lateral.	3/29/2014 10:06:51 AM
Permit	wellbore diagram won't open. Operator provided new wellbore diagram	3/26/2014 10:48:58 AM

Total: 2 comment(s)

Attachment Check List

Att Doc Num

Name

2519033	WELLBORE DIAGRAM
400566420	FORM 4 SUBMITTED

Total Attach: 2 Files