

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
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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: 100185 Contact Name Chris McRickard
 Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5586
 Address: 370 17TH ST STE 1700 Fax: (720) 876-6584
 City: DENVER State: CO Zip: 80202-5632 Email: chris.mcrickard@encana.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 123 37781 00 OGCC Facility ID Number: 433792
 Well/Facility Name: VOGL-MCCOY Well/Facility Number: 2H-5H-F267
 Location QtrQtr: SENW Section: 5 Township: 2n Range: 67w 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 _____ 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 5

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 5

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 8 Twp 2n Range 67w

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 _____

FNL/FSL		FEL/FWL	
<u>2596</u>	<u>FNL</u>	<u>2403</u>	<u>FWL</u>
_____	_____	_____	_____
Twp <u>2n</u>	Range <u>67w</u>	Meridian <u>6</u>	
Twp _____	Range _____	Meridian _____	
<u>2558</u>	<u>FSL</u>	<u>2314</u>	<u>FWL</u>
_____	_____	_____	_____ **
Twp <u>2n</u>	Range <u>67w</u>		
Twp _____	Range _____		
<u>460</u>	<u>FSL</u>	<u>2480</u>	<u>FWL</u>
_____	_____	_____	_____ **

** 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 05/21/2014

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 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>Bradenhead Testing</u>	<input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases	

COMMENTS:

ENGINEERING and ENVIRONMENTAL Work

Notice of Intent: Request for Extended Bradenhead Testing ...

Flow gas to flare / vent to determine extent of possible shallow gas reservoir or bleed off volume / pressure from annulus. Test duration may take up to 1-3 weeks in length.

PLAN
Perform an initial Bleed-Down Diagnostics Test

A diagnostic test that includes pressure bleed-down and subsequent monitoring of pressure build-up, or a similar diagnostic test, is recommended as follows:

- The 7" x 9.625" annulus pressure will be bled down through a double valve arrangement, with the inside valve being fully open.
- Any liquids released will be contained.
- Samples of liquid and gas may be captured for comparative analysis, if required.
- The 4.5" x 7" annulus will be monitored during bleed-down and build-up.

Annulus pressure will be relieved by connecting to a flare / vent system.

Determining Annular Pressure Threshold
Based on API RP90

Surface Casing Shoe Depth = 865 ft

APTsc, psi (assume lowest value method)
Assuming a 0.5 psi/ft gradient at shoe = 433 psi
Assuming 30% of maximum internal yield pressure sc = 0.3(5750psi) = 1725 psi

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 BMP/COA Type</u>	<u>Description</u>

Operator Comments:

Submitted for Bradenhead Testing.

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

Signed: _____ Print Name: Chris McRickard
Title: Regulatory Analyst Email: chris.mcrickard@encana.com Date: 5/19/2014

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

COGCC Approved: SCHLAGENHAUF, MARK Date: 5/21/2014

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

	1) Submit isotopic gas analysis of Bradenhead gas. 2) File Form 17 Bradenhead Test prior to completing proposed work.
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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

400610623	FORM 4 SUBMITTED
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Total Attach: 1 Files