

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: 47120 Contact Name Cheryl Light
 Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6461
 Address: P O BOX 173779 Fax: (720) 929-7461
 City: DENVER State: CO Zip: 80217-3779 Email: cheryl.light@anadarko.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 123 17281 00 OGCC Facility ID Number: 249478
 Well/Facility Name: SEKICH FARMS Well/Facility Number: 19-1L
 Location QtrQtr: NENE Section: 19 Township: 3N 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 NENE Sec 19

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	
<u>656</u>	<u>FNL</u>	<u>660</u>	<u>FEL</u>
_____	_____	_____	_____
Twp <u>3N</u>	Range <u>67W</u>	Meridian <u>6</u>	
Twp _____	Range _____	Meridian _____	
_____	_____	_____	_____
_____	_____	_____	_____
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 07/23/2014

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:

REMEDIAL CEMENT

- 1 Remove production equipment.
- 2 MIRU Workover (WO) Rig. Control well with biocide treated water.
- 3 Set RBP at +/- 7,130'. Pressure test RBP to 1,000 psi
- 4 Unland 4-1/2" production casing and NU double entry flange.
- 5 Run in annulus to 1,260' with 1-1/4" tbg.
- 6 Mix & pump cement as follows: 10 bbl fresh water, 355 sks Type III cement & 1/4 #/sk cello flake mixed at 14.8 ppg and yield of 1.33 cuft/sk (CaCl2 amounts as determined by cementing service company for 3 hour set time) for a total of 84.1 bbl of cement. Don't displace with water. Design is for required coverage below and above the fox hills formation.
- 7 TOOH 1-1/4" tbg. ND double entry flange. Re-land 4-1/2" production casing. Shut in and WOC for 24 hours minimum.
- 8 Run CBL to verify proper coverage.
- 9 Pressure test casing to 5,000 psi for 15 minutes.
- 10 Pull RBP. Set production packer and test wellhead to 5,000 psi.
- 11 RDMO. Return well to production team.

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:

Sekich Farms 19-1L – Remedial Cement
 1 Remove production equipment.
 2 MIRU Workover (WO) Rig. Control well with biocide treated water.
 3 Set RBP at +/- 7,130'. Pressure test RBP to 1,000 psi
 4 Unland 4-1/2" production casing and NU double entry flange.
 5 Run in annulus to 4,800' with 1-1/4" tbg.
 6 Mix & pump cement as follows: 10 bbl Freshwater spacer, 20 bbl of sodium metasilicate spacer, 655 sks of 14.6ppg 1-1-0 G cement & 1/4#/sk Cello Flake, mixed at 1.12 cu ft/sk for a total of 130.7 bbl. Displace with 3.5 bbl fresh water. Design is for coverage from a minimum of 50' under the Shannon formation and 200' above the Sussex.
 7 TOOH 1-1/4" tbg. Shut in and WOC for 24 hours minimum.
 8 Run CBL to verify proper coverage.
 9 TIH with 1-1/4" tbg to 1,600'.
 10 Mix & pump cement as follows: 10 bbl fresh water, 510 sks Type III cement & 1/4 #/sk cello flake mixed at 14.8 ppg and yield of 1.33 cuft/sk (CaCl2 amounts as determined by cementing service company for 3 hour set time) for a total of 120.8 bbl of cement. Don't displace with water. Design is for required coverage below and above the fox hills formation.
 11 TOOH 1-1/4" tbg. ND double entry flange. Re-land 4-1/2" production casing. Shut in and WOC for 24 hours minimum.
 12 Run CBL to verify proper coverage.
 13 Pressure test casing to 5,000 psi for 15 minutes.
 14 Pull RBP. Set production packer and test wellhead to 5,000 psi.
 15 RDMO. Return well 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: Sr. Regulatory Analyst Email: DJRegulatory@anadarko.com Date: 7/7/2014

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: 7/10/2014

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 Drilling Completion Report.
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General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400640559	FORM 4 SUBMITTED
400640560	OTHER

Total Attach: 2 Files