

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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Date Received:			

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: 96850 Contact Name Angela Neifert-Kraiser
 Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 606-4398
 Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8268
 City: DENVER State: CO Zip: 80202 Email: Angela.Neifert-Kraiser@WPXENERGY.COM

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 045 21777 00 OGCC Facility ID Number: 430848
 Well/Facility Name: Federal Well/Facility Number: RU 21-5
 Location QtrQtr: Lot 2 Section: 5 Township: 7S Range: 93W Meridian: 6
 County: GARFIELD Field Name: RULISON
 Federal, Indian or State Lease Number: COC41916

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:

FNL/FSL		FEL/FWL	
199	FNL	2597	FWL

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

Current **Surface** Location **From** QtrQtr Lot 2 Sec 5 Twp 7S Range 93W Meridian 6
 New **Surface** Location **To** QtrQtr Sec Twp Range Meridian

Change of **Top of Productive Zone** Footage **From** Exterior Section Lines:

192	FNL	2017	FWL

Change of **Top of Productive Zone** Footage **To** Exterior Section Lines:

Current **Top of Productive Zone** Location **From** Sec 5 Twp 7S Range 93W
 New **Top of Productive Zone** Location **To** Sec Twp Range

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

192	FNL	2017	FWL

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

Current **Bottomhole** Location Sec 5 Twp 7S Range 93W ** 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 07/17/2014

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

COMMENTS:

Purpose: Squeeze hole in casing with cement.

Well Information:

API Number: 05-045-21777
 Production Casing: 4-1/2" 11.6# P110
 Shoe Depth: 10,003'
 Surface Casing Depth 1,161'
 Tubing: N/A
 Perforated Interval: 7725'-9740'
 Top of Mesaverde: 6158'
 Top of Gas: 7890'
 Correlate Log: Baker CBL Log 3/29/2014
 Current TOC: 2124'
 Max pressure: 5000 psi

Well History:

WPX spud this well on 1/27/2014
 Initial Bradenhead Pressure measurements were 0 psi
 Current Bradenhead pressure measurements are 0 psi

Squeeze Procedure

Proposed Procedure:

- 1 Casing hole at 2173'
 CIBP was set at 7580'
 MIRU service rig
 Pump injection test at .5 bpm, 1 bpm
 Get ISIP, 5, 10 and 15 min shut in pressures
 Call Isac with results
- 2 MIRU HES Cement Crew.
 Pump 50 sacks 15.8 ppg cement slurry - MAX PUMP RATE 1 BPM
 Pump 15 sks 17.0 ppg Neat G Tail w/ 0.5% CFR-3
 Displace cement and perform a balanced squeeze in tubing/casing.
 Displace and leave 1bbl inside casing
- 3 Allow for 24 hrs cement set time.
 Monitor Bradenhead Pressure - Call Denver if it reaches 150 psi.
- 4 RIH with bit and 2 3/8" tubing. Drill out cement.
 Pressure Test Squeeze Hole to 3000 psi. Must hold for 30 minutes with less than 10% fall off. Pressure test must be charted.
 If good pressure test, move forward to step 5.
 If additional remediation is necessary, another procedure will be sent out
 Monitor Bradenhead Pressure - Call Denver if it reaches 150 psi.
- 5 MIRU wireline and run CBL from 2500ft to surface
 Send to Isac and note new TOC

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>

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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: Angela Neifert-Kraiser
Title: Regulatory Specialist Email: Angela.Neifert- Date: _____

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

COGCC Approved: _____ Date: _____

CONDITIONS OF APPROVAL, IF ANY:

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)

Attachment Check List

Att Doc Num

Name

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Total Attach: 0 Files