

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
Document Number: 400645942			
Date Received: 07/16/2014			

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: <u>96850</u>	Contact Name: <u>Angela Neifert-Kraiser</u>	Complete the Attachment Checklist OP OGCC
Name of Operator: <u>WPX ENERGY ROCKY MOUNTAIN LLC</u>	Phone: <u>(303) 606-4398</u>	
Address: <u>1001 17TH STREET - SUITE #1200</u>	Fax: <u>(303) 629-8268</u>	
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> Email: <u>Angela.Neifert-Kraiser@WPXENERGY.COM</u>		
API Number: <u>05-045 21777 00</u> OGCC Facility ID Number: <u>430848</u>	Well/Facility Name: <u>Federal</u> Well/Facility Number: <u>RU 21-5</u>	Survey Plat
Location QtrQtr: <u>Lot 2</u> Section: <u>5</u> Township: <u>7S</u> Range: <u>93W</u> Meridian: <u>6</u>	County: <u>GARFIELD</u> Field Name: <u>RULISON</u>	Directional Survey
Federal, Indian or State Lease Number: <u>COC41916</u>		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 Lot 2 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 5 Twp 7S Range 93W

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	
199	FNL	2597	FWL
Twp <u>7S</u>	Range <u>93W</u>	Meridian <u>6</u>	
Twp <u> </u>	Range <u> </u>	Meridian <u> </u>	
192	FNL	2017	FWL
Twp <u>7S</u>	Range <u>93W</u>		
Twp <u> </u>	Range <u> </u>		
192	FNL	2017	FWL
Twp <u>7S</u>	Range <u>93W</u>		
Twp <u> </u>	Range <u> </u>		

**

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** 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 FEDERAL Number RU 21-5 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 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:

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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.):

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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:

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Best Management Practices

No BMP/COA Type

Description

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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: 7/16/2014

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

COGCC Approved: YOKLEY, BILL Date: 7/21/2014

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

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General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Routing only.	7/21/2014 5:40:02 AM

Total: 1 comment(s)

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400645942	FORM 4 SUBMITTED

Total Attach: 1 Files