

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: 400684602			
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 Reed Haddock
Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 606-4086
Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8268
City: DENVER State: CO Zip: 80202 Email: reed.haddock@wpxenergy.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 045 21784 00 OGCC Facility ID Number: 430855
Well/Facility Name: Federal Well/Facility Number: NER 34-32
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		
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 32

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 32 Twp 6S

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>132</u>	<u>FNL</u>	<u>2587</u>	<u>FWL</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
Twp <u>7S</u>	Range <u>93W</u>	Meridian <u>6</u>	
Twp <u> </u>	Range <u> </u>	Meridian <u> </u>	
<u>1116</u>	<u>FSL</u>	<u>1971</u>	<u>FEL</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
Twp <u>6S</u>	Range <u>93W</u>		
Twp <u> </u>	Range <u> </u>		
<u>1116</u>	<u>FSL</u>	<u>1971</u>	<u>FEL</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
			**

** attach deviated drilling plan

CHANGE OR ADD OBJECTIVE FORMATION AND/OR SPACING UNIT				
Objective Formation	Formation Code	Spacing Order Number	Unit Acreage	Unit Configuration

OTHER CHANGES			
<input type="checkbox"/>	REMOVE FROM SURFACE BOND	Signed surface use agreement is a required attachment	
<input type="checkbox"/>	CHANGE OF WELL, FACILITY OR OIL & GAS LOCATION NAME OR NUMBER		
From:	Name	FEDERAL	Number NER 34-32 Effective Date:
To:	Name		Number
<input type="checkbox"/>	ABANDON PERMIT: Permit can only be abandoned if the permitted operation has NOT been conducted. Field inspection will be conducted to verify site status.		
<input type="checkbox"/>	WELL: Abandon Application for Permit-to-Drill (Form2) – Well API Number has not been drilled.		
<input type="checkbox"/>	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)		
<input type="checkbox"/>	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:			
<input type="checkbox"/>	Abandon Oil & Gas Location Assessment (Form 2A) – Location has not been constructed and site will not be used in the future.		
<input type="checkbox"/>	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.			
<input type="checkbox"/>	REQUEST FOR CONFIDENTIAL STATUS		
<input checked="" type="checkbox"/>	DIGITAL WELL LOG UPLOAD		
<input type="checkbox"/>	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 09/17/2014

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

COMMENTS:

WPX requests approval to complete this wellbore.

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

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Operator Comments:

This well is scheduled for completion starting on Wednesday of next week, September 17, 2014.

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

Signed: _____ Print Name: Reed Haddock
Title: Regulatory Specialist Sta Email: reed.haddock@wpxenergy.com 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

400684604	OTHER
400684605	WELLBORE DIAGRAM
400684606	PDF-CEMENT BOND
400684612	PDF-TEMPERATURE

Total Attach: 4 Files