

State of Colorado
Oil and Gas Conservation Commission

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



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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: 100322 Contact Name Cheryl Johnson
 Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4437
 Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202 Email: Cheryljohnson@nobleenergyinc.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 123 24182 00 OGCC Facility ID Number: 286392
 Well/Facility Name: FRICO Well/Facility Number: 18-14
 Location QtrQtr: SWNE Section: 14 Township: 3N Range: 65W 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:

FNL/FSL		FEL/FWL	
1414	FNL	1328	FEL

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

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Current **Surface Location From** QtrQtr SWNE Sec 14

Twp 3N Range 65W Meridian 6

New **Surface Location To** QtrQtr _____ Sec _____

Twp _____ Range _____ Meridian _____

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

1406	FNL	1314	FWL
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Change of **Top of Productive Zone Footage To** Exterior Section Lines:

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Current **Top of Productive Zone Location From** Sec 14

Twp 3N Range 65W

New **Top of Productive Zone Location To** Sec _____

Twp _____ Range _____

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

1406	FNL	1314	FWL
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Change of **Bottomhole Footage To** Exterior Section Lines:

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Current **Bottomhole Location** Sec 14 Twp 3N Range 65W

** 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 10/15/2014

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:

- 1) MIRU Workover rig, pump & tank.
- 2) Control well with kill fluid.
- 3) POOH 2 3/8" tubing.
- 4) RIH w/ Bit & Scraper. Tag fill if any. Clean out to PBTD (tally in). TOOH.
- 5) RIH w/RBP. Set RBP @ +/-7500' spot 2 sx of sand on top of RBP. Test RBP 2,000psi. TOOH.
- 6) Bleed off bradenhead, unland casing.
- 7) RIH with 1 1/4" down annulus to TOC (approx. 3204').
- 8) Condition hole.
- 9) Pump 462 sx cement (TOC +/-775').
- 10) POOH with workstring.
- 11) Re-land casing.
- 12) WOC 4 hours. Run CBL.
- 13) Clean out hole, retrieve RBP at 7500'. POOH.
- 14) RIH with 2 3/8" tubing to 7928'.
- 15) RDMO. RWTP.

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:

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

Signed: _____ Print Name: Cheryl Johnson

Title: Completions Supervisor Email: Cheryljohnson@nobleenergyinc.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:

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

Total: 0 comment(s)

<u>Attachment Check List</u>	
<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files