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|                                      |    |    |    |
|--------------------------------------|----|----|----|
| DE                                   | ET | OE | ES |
| Document Number:<br><u>400693985</u> |    |    |    |
| Date Received:                       |    |    |    |

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 | KATHLEEN | MILLS          |
| Name of Operator:                | NOBLE ENERGY INC       |              | Phone:   | (720) 587-2226 |
| Address:                         | 1625 BROADWAY STE 2200 |              | Fax:     | (303) 228-4286 |
| City:                            | DENVER                 | State:       | CO       | Zip: 80202     |
| Email: kmills@nobleenergyinc.com |                        |              |          |                |

### Complete the Attachment Checklist

OP OGCC

|   |  |             |                        |              |                            |            |  |             |  |
|---|--|-------------|------------------------|--------------|----------------------------|------------|--|-------------|--|
| API Number : 05- 123 16415 00 OGCC Facility ID Number: 248617 |  |             |                        |              |                            |            |  |             |  |
| Well/Facility Name: KATE WHITE D                              |  |             |                        |              | Well/Facility Number: 29-1 |            |  |             |  |
| Location QtrQtr: NENE   |  | Section: 29 |                        | Township: 3N |                            | Range: 64W |  | Meridian: 6 |  |
| County: WELD  |  |             | Field Name: WATTENBERG |              |                            |            |  |             |  |
| Federal, Indian or State Lease Number:                        |  |             |                        |              |                            |            |  |             |  |

|                     |  |  |
|---------------------|--|--|
| Survey Plat         |  |  |
| Directional Survey  |  |  |
| Srvc Eqpmnt Diagram |  |  |
| Technical Info Page |  |  |
| Other               |  |  |

☐ 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 **29**

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                          |     |          |
|---------|-----|----------------------------------|-----|----------|
| 660     | FNL | 660                              | FEL |          |
|         |     |                                  |     |          |
| Twsp    | 3N  | Range                            | 64W | Meridian |
| Twsp    |     | Range                            |     | Meridian |
|         |     |                                  |     |          |
|         |     |                                  |     | **       |
| Twsp    |     | Range                            |     |          |
| Twsp    |     | Range                            |     |          |
|         |     |                                  |     |          |
|         |     |                                  |     | **       |
| Range   |     | ** attach deviated drilling plan |     |          |
| Range   |     |                                  |     |          |

\*\* 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 KATE WHITE D Number 29-1 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 \_\_\_\_\_

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

COMMENTS:

#### 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**

| <u>No</u> | <u>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: KATHLEEN MILLS  
Title: REGULATORY ANALYST Email: kmills@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:**

**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>     |
|-----------------------|-----------------|
| 400693986             | PDF-GYRO SURVEY |
| Total Attach: 1 Files |                 |