

State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

DE	ET	OE	ES
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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:	47120	Contact Name	Cheryl Light
Name of Operator:	KERR MCGEE OIL & GAS ONSHORE LP		Phone: (720) 929-6461
Address:	P O BOX 173779		Fax: (720) 929-7461
City:	DENVER	State:	CO Zip: 80217-3779 Email: cheryl.light@anadarko.com

Complete the Attachment
Checklist

OP OGCC

API Number :	05-	123	23960	00	OGCC Facility ID Number:	285330
Well/Facility Name:	EPICENTER			Well/Facility Number:	4-15	
Location	QtrQtr:	SWNE	Section:	4	Township:	5N Range: 67W Meridian: 6
County:	WELD		Field Name:	WATTENBERG		
Federal, Indian or State Lease Number:						

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:Change of **Surface** Footage **To** Exterior Section Lines:Current **Surface** Location **From** QtrQtr **SWNE** Sec **4**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	
1435	FNL	1264	FEL
Twp 5N	Range 67W	Meridian 6	
Twp	Range	Meridian	
			**
Twp	Range		
Twp	Range		
			**
			** 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	EPICENTER	Number 4-15 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 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 10/21/2014

☐ 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 TIH with 2-3/8" tbg and 4.5" RBP. Set RBP @ +/-7080', (collars are at 7062' and 7104'). Pressure test RBP to 1000 psi. Spot 2sx of sand on top of RBP and TOOH.
2 Bleed off pressure. ND BOP's, ND wellhead, Un-land 4 1/2" casing, NU dual entry flange, NU BOP.
3 PU 1-1/4" 2.3#/ft J-55 10rd IJ tubing, and TIH outside 4-1/2" casing in open hole to ~2000'. Circulate with the rig pump while TIH to clean up the annulus. Use sweeps as necessary until clean returns are seen. Make sure no pressure is present on bradenhead before moving on to the next step. If gas is detected, contact engineering to discuss plan moving forward.
4 Contact Imperial mud (min of 24hrs. in advance) to bring out 40bbbls of 10.0ppg mud. Pump 40bbbls of mud at 2000'. Leave 1-1/4" tbg full of mud to avoid wet trip and PUH to 1600' to displace cement.
5 MIRU cement services. Pump 5 bbls water, 10 bbls mud flush and 5 bbls water. Prepare to cement.
6 Mix and pump 110 sx (~26 bbls) of 14.8 ppg (1.33 cuft/sk) Type III w/ 1/4 lb/sk cello-flake. The cement is to be retarded for 80 °F and 3 hour pump time. Design is for coverage from ~1600' to ~1100'.
7 TOOH ~38 joints to ~400' and reverse circulate 2 times the tubing volume of water or until clean returns are seen. TOOH with 1-1/4" tubing.
8 RDMO cementing company.
9 ND BOP. ND dual entry flange and crossover. Pick up and land 4-1/2" casing in slips. NU new 4-1/2" 5000 psi tubing head with 2-5000 psi valves. Make sure to use new style flanged well head equipment. NU BOP's to tubing head.
10 Leave well shut in for ~24hrs.
11 MIRU wireline and run CCL-GR-CBL-VDL from 4400' to surface. If top of cement is below 1100' notify Engineering. In addition to normal handling of logs/job summaries, email copies of all cement job logs/job summaries and invoices to rscDJVendors@anadarko.com within 24 hours of the completion of the job.
12 RDMO wireline.

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:

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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: Cheryl Light _____

Title: Sr. Regulatory Analyst _____ Email: DJRegulatory@anadarko.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>
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Total: 0 comment(s)

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
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400703079	OTHER
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Total Attach: 1 Files