

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
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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: 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 15200 00 OGCC Facility ID Number: 247403
 Well/Facility Name: HSR-SALINSKY Well/Facility Number: 16-36
 Location QtrQtr: SESE Section: 36 Township: 4N Range: 66W 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:

FNL/FSL		FEL/FWL	
<input type="text" value="660"/>	<input type="text" value="FSL"/>	<input type="text" value="665"/>	<input type="text" value="FEL"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Current **Surface** Location **From** QtrQtr Sec Twp Range Meridian
 New **Surface** Location **To** QtrQtr Sec Twp Range Meridian

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Change of **Top of Productive Zone** Footage **To** Exterior Section Lines:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Current **Top of Productive Zone** Location **From** Sec

Twp Range

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

Twp Range

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Change of **Bottomhole** Footage **To** Exterior Section Lines:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Current **Bottomhole** Location Sec Twp Range

** 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 11/12/2014

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 ND BOP. Unland production casing (4-1/2", 11.6#, unknown grade), ND surface casing head and NU double entry flange. 1991 vintage casing, don't pull with more than 81,000lbs (50% of virgin joint strength for conservation estimate using J-55 grade with LTC threads).

2 Spot concentrated mud flush (Alcomer 74L – liquid mud thinner in 5 gallon bucket) from Imperial.

3 Spot 50 jnts of TBG (1-1/4", 2.33#, J-55, IJ). Run in annulus with pup jnt with CutRight, burn shoe or mule shoe on 1-1/4" tbg to 1550' or as deep as possible while circulating. Use mud flush sweeps intermittently or as necessary. If TBG hits tight spots work it for a bit while circulating to break the bridge as best possible. Call engineering if there is difficulty making depth or if a power swivel is necessary to break bridging.

4 Once EOT of 1-1/4" is at 1550' circulate another 4 hours minimum using at least 1 mud flush sweep.

5 Order and pump 15 bbls of 10# mud from Imperial. Displace with 2 bbl of fresh water to prevent unbalanced flow back. Note: Don't put mud in tanks contaminated with mud flush.

6 Pull 1-1/4" TBG up annulus so EOT at +/- 1,340'.

7 MIRU cementing services.

8 Mix & pump as follows: 5 bbls fresh water, 10 bbls Sodium Metasilicate (SMS), 10 bbl fresh water spacer, 320 sks Type III cement, 1/4#/sk Cello Flake, mixed at 14.8 ppg and yield of 1.33 cuft/sk (CaCl2 amounts as determined by cementing service company for a 3 hour pumping time at 80° F) for a total of 75.8 bbl of cement. Design is for coverage from 1340' to 476' in 9.5" Borehole and 100' in 8.1" with a 20% excess (has caliper log). See Calculation if necessary.

9 POOH with 1-1/4" tbg to +/- 230 and circulate until clean.

10 POOH and SB tbg. ND double entry flange and Re-Land the 4-1/2" production casing immediately.

11 NU tubing head, be sure it is a 5,000 psi rated unit. NU BOP.

12 Shut in and WOC for 24 hrs minimum.

13 MIRU Wireline services. PU and RIH w/ CCL-CBL-VDL tools and log from 1500' to surface. NOTE: IF TOC IS BELOW 430' OR POOR BOND, CONTACT EVANS ENGINEERING. Email logs to Jacob.Barker@Anadarko.com. Email copies of logs, summaries and invoices to rscDJVendors@Anadarko.com within 24hrs.

14 POOH, RDMO Wireline service company.

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

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 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

User Group **Comment** **Comment Date**

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

Total: 0 comment(s)

Attachment Check List

Att Doc Num **Name**

400720284	OTHER
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Total Attach: 1 Files