

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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|--|----|----|----|
| DE | ET | OE | ES |
| Document Number: <u>400724542</u> 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.

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|--|--|--|--|--|
| OGCC Operator Number: <u>96850</u> Contact Name <u>Karolina Blaney</u> | | Complete the Attachment Checklist <div>OP</div> <div>OGCC</div> | | |
| Name of Operator: <u>WPX ENERGY ROCKY MOUNTAIN LLC</u> Phone: <u>(970) 6832295</u> | | | | |
| Address: <u>1001 17TH STREET - SUITE #1200</u> Fax: <u>(970) 2859573</u> | | | | |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> Email: <u>karolina.blaney@wpxenergy.com</u> | | | | |
| API Number : 05- <u>045</u> <u>00</u> OGCC Facility ID Number: <u>334401</u> | | Survey Plat | | |
| Well/Facility Name: <u>WILLIAMS-67S96W</u> Well/Facility Number: <u>32SENW</u> | | Directional Survey | | |
| Location QtrQtr: <u>SENW</u> Section: <u>32</u> Township: <u>7S</u> Range: <u>96W</u> Meridian: <u>6</u> | | Srfc Eqpmt Diagram | | |
| County: <u>GARFIELD</u> Field Name: <u>GRAND VALLEY</u> | | Technical Info Page | | |
| Federal, Indian or State Lease Number: _____ | | 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 **SENW** Sec **32**

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 | |
|---------|-----------|----------------------------------|-----|
| 2358 | FNL | 2197 | FWL |
| | | | |
| Twp 7S | Range 96W | Meridian 6 | |
| Tw | Range | Meridian | |
| | | | |
| | | | ** |
| Tw | Range | | |
| Tw | Range | | |
| | | | |
| | | | ** |
| Range | | ** attach deviated drilling plan | |
| Range | | | |

** attach deviated drilling plan

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 WILLIAMS-67S96W Number 32SENW 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 11/10/2014

☐ 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 Management 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 checked="" type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases | |

COMMENTS:

This COGCC Form 4 is being submitted in order to allow treatment of impacted material at the SG Cuttings trench location (COGCC facility # 431021). The impacted material is currently stored at the SG 22-32 well pad (COGCC Facility 334401) which is adjacent to the SG cuttings trench location; both locations are on WPX surface (see attached plat). The impacted material was generated during spill remediation activities that occurred at the GV 18-23 well pad in July/August of 2014 (Spill tracking # 400659582). With the COGCC's approval, the impacted material will be managed at two locations: the SG 22-32 well pad and the north end of the SG cuttings trench location. The material will be managed separately from the cuttings. The treatment areas will be surrounded by an earthen berm to contain impacted soil and potential precipitation runoff. The impacted material will be treated using techniques that have been proven to be environmentally safe and efficient at reducing hydrocarbon concentrations by enhancing the degradation of hydrocarbon molecules by indigenous bacteria. These indigenous bacteria will be stimulated by addition of water, nutrients, and oxygen, moisture and sunlight. Once the treated material tests below the COGCC 910-1 cleanup requirements, the material will be incorporated into the final reclamation of the SG cuttings trench location.

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:

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Best Management Practices

No BMP/COA Type

Description

| | |
|--|--|
| | |
|--|--|

Operator Comments:

Environmental information for Stan Spencer's review.

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

Signed: _____ Print Name: Karolina Blaney

Title: Environmental specialist Email: karolina.blaney@wpenergy.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

| | | |
|--|--|--|
| | | |
|--|--|--|

Total: 0 comment(s)

Attachment Check List

Att Doc Num

Name

| | |
|-----------|------------------|
| 400724546 | LOCATION DRAWING |
|-----------|------------------|

Total Attach: 1 Files