

State of Colorado Oil and Gas Conservation Commission

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

API Number : 05- <u>123</u> <u>20942</u> <u>00</u>	OGCC Facility ID Number: <u>263694</u>
Well/Facility Name: <u>THUENER</u>	Well/Facility Number: <u>12-14A</u>
Location QtrQtr: <u>NWSW</u> Section: <u>14</u> Township: <u>2N</u> Range: <u>67W</u> Meridian: <u>6</u>	
County: <u>WELD</u> Field Name: <u>WATTENBERG</u>	
Federal, Indian or State Lease Number: _____	

Complete the Attachment
Checklist

OP OGCC

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 NWSW Sec 14

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	
<u>1705</u>	<u>FSL</u>	<u>826</u>	<u>FWL</u>
_____	_____	_____	_____
Twp <u>2N</u>	Range <u>67W</u>	Meridian <u>6</u>	
Twp _____	Range _____	Meridian _____	
_____	_____	_____	_____
_____	_____	_____	_____
Twp _____	Range _____		
Twp _____	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 THUENER Number 12-14A 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 01/27/2015

☐ 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 Well needs an annular fill to satisfy COA for Cobra 12-23HZ pad, Adder 11-23HZ pad, & Taipan 9-22HZ pad and a flanged master valve installed.

2 Call Automation Removal Group 24 hours before rig up to isolate any production equipment (remove plunger, wellhead automation, etc.). Prepare to move base beam rig onto location. Install fence if needed. Operations need to bleed off the bradenhead pressure before the rig gets on location.

3 Check and report surface casing pressure. If valve is not accessible at ground level, re-plumb so valve is at ground level.

4 MIRU slickline. RIH to retrieve production equipment and tag for fill (last cleaned out to 7,650' on 6/21/10). Note tagged depth in OpenWells. RDMO slickline.

5 MIRU WO rig. Kill well as necessary with water and biocide. ND wellhead. NU BOP.

6 Unland 2-3/8" tbg and lay down landing joint.

7 MIRU EMI services. EMI 2-3/8" tbg while TOO H and tally while standing back. Lay down joints that have greater than 35% penetration or wall loss. Replace all joints that fail EMI testing. Document joint numbers and depth of bad tubing and create a Production Equipment Failure report in OpenWells. RDMO EMI services.

8 PU 10,000 psi rated from above and below RBP (4.5", 11.6#), retrieving head, and 2-3/8" tubing. Set RBP at +/- 7200' (collars located at 7192' and 7238').

9 Release tbg from RBP and circulate all gas out of the hole. Pumping water with biocide, pressure test RBP and production casing to 1,000 psi for 15 minutes. If pressure test passes, proceed; otherwise contact engineering.

10 Circulate 2 sx of sand on top of RBP and TOO H with 2-3/8" tubing.

11 Attach a hardline from the bradenhead/surface casing valve to a flowback tank and blow down any bradenhead pressure. If pressure does not blow down within 1 hour contact engineer, otherwise proceed.

12 ND BOP. Screw 4-1/2" pup joint into production casing and un-land 4-1/2" production casing. NU double entry flange. NU BOP. Install 1.66" pipe rams.

13 PU approx. 43 joints of 1.66" 2.3# J-55 10RD IJ tubing and TIH between the 4-1/2" production casing and 8-5/8" surface casing/open hole to +/- 1350'. Circulate one sweep using Alcomer 74L with EOT at 1350'. Continue to circulate with freshwater and biocide until the well is dead.

14 MIRU cementing services. Establish circulation and pump 20 bbls of sodium metasilicate, 260 sx Type III cement with 0.25pps cello flake, mixed at 14.8 ppg and 1.33 cuft/sx (based on 9" hole size + 20% excess from 1350'-616' and 200' between 8-5/8" 24# surface casing and 4-1/2" production casing). Attempt to cement from 1350' to 420'.

15 Under displace cement in 1.66" 2.3# J-55 10RD IJ tubing to 200' using 0.4 bbls of freshwater. RDMO cementing services.

16 TOO H and LD all 1.66" 2.3# J-55 10RD IJ tubing. ND BOP and double entry flange. Use 4-1/2" pup joint to re-land 4-1/2" casing. NU BOP. Install 2-3/8" pipe rams. Shut well in and WOC.

17 MIRU wireline services. RIH with CCL-GR-CBL-VDL. Run from +/- 1700' to top of cement (estimated +/- 420). If the cement is not at or above 420' contact engineer. RDMO wireline services.

18 PU and TIH with retrieving head and 2-3/8" tubing. Circulate sand off of RBP. Latch onto and release RBP at +/- 7200'. TOO H standing back all 2-3/8" tubing and LD RBP.

19 PU 2-3/8" NC, 2-3/8" XN nipple (be sure nipple is correctly input into OpenWells), and 2-3/8" 4.7# J-55 tbg to surface. Land EOT at +/- 7,510' (1 joint above top Codell perfs).

20 RU rig lubricator. Broach tubing to XN seating nipple. RD rig lubricator. ND BOP. NU WH.

21 Install 7-1/16" x 5,000 psi tubing head adaptor and 5,000 psi flanged master valve. Make sure all wellhead valves are rated to 5,000 psi and all nipples are XXH. Document wellhead components in an OpenWells wellhead report.

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:

22 Install 2-3/8" pup joint above the master valve. Pressure test the tubing head from below the tubing head through the master valve to 5,000 psi using hydrotester. If wellhead does not pressure test, replace wellhead/ wellhead valves as necessary with 5,000 psi rated equipment.
23 NU WH. RDMO WO rig. Return well to production team.

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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400770346	OTHER
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Total Attach: 1 Files