

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 16879 00 OGCC Facility ID Number: 249077
 Well/Facility Name: HSR-MULLER Well/Facility Number: 9-29A
 Location QtrQtr: NESE Section: 29 Township: 3N Range: 65W 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	
1830	FSL	518	FEL

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

Current **Surface** Location **From** QtrQtr NESE Sec 29 Twp 3N Range 65W Meridian 6
 New **Surface** Location **To** QtrQtr Sec Twp Range Meridian

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

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

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

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 02/18/2015

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 annular fill to satisfy COA for SKIM 35-21HZ pad and a production packer.
2 Well has Gyro survey – 10/27/2011
3 Call foreman and/or field coordinator 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.
4 Check and report surface casing pressure. If valve is not accessible at ground level, re-plumb so valve is at ground level.
5 MIRU slickline. RIH to retrieve production equipment and tag for fill (last cleaned out to at 7,781' on 11/19/14). Note tagged depth in OpenWells. RDMO slickline.
6 MIRU WO rig. Kill well as necessary with water and biocide. ND wellhead. NU BOP.
7 Unland 2-3/8" tbg and lay down landing joint.
8 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.
9 PU 10,000 psi rated from above and below RBP (4.5", 11.6#), retrieving head, and 2-3/8" tubing. Set RBP at +/- 6,850' (collars located at 6,840' and 6,869').
10 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.
11 Circulate 2 sx of sand on top of RBP and TOO H with 2-3/8" tubing.
12 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.
13 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.
14 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 +/- 1,350'. Circulate one sweep using Alcomer 74L with EOT at 1,350'. Continue to circulate with freshwater and biocide until the well is dead.
15 MIRU cementing services. Establish circulation and pump 20 bbl of sodium metasilicate, 350 sx of Type III cement with 0.25 pps of cello-flake mixed at 14.8 ppg and 1.33 cuft/sk (based on 10.7" hole size and 20% excess from 1,350'-623' and 100' between 8-5/8" 24# surface casing and 4-1/2" production casing). Attempt to cement from 1,350' to 530'.
16 Under displace cement in 1.66" 2.3# J-55 10RD IJ tubing to 275' using 0.5 bbl of freshwater. RDMO cementing services.
17 TOO H and LD 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.
18 MIRU wireline services. RIH with CCL-GR-CBL-VDL. Run from 2,000' to top of cement (estimated at 530'). If the cement is not above 530' contact engineer. RDMO wireline services.
19 PU and TIH with retrieving head and 2-3/8" tubing. Circulate sand off of RBP. Latch onto and release RBP at +/- 6,850'. TOO H standing back all 2-3/8" tubing and LD RBP.
20 MIRU hydrotester.
21 PU 2-3/8" NC, 2-3/8" XN nipple (be sure nipple is correctly input into OpenWells), 37 joints of 2-3/8" 4.7# J-55 tbg, Arrowset AS-1X packer rated to 10,000 psi, and 2-3/8" 4.7# J-55 tbg to surface. Hydrotest tubing to 6,000 psi while TIH. RDMO hydrotester.
22 Set packer at +/- 6,000' (Collars at (5,981' and 6,022')). Land EOT at +/- 7,165' (1 joint above top Codell perms).
23 Load 2-3/8" x 4-1/2" annulus with biocide treated water and pressure test to 1,000 psi for 15 minutes to be sure packer is set properly.
24 RU rig lubricator. Broach tubing to XN seating nipple. RD rig lubricator. ND BOP. NU wellhead.

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

No BMP/COA Type	Description

Operator Comments:

25 Make sure there is a 7-1/16" x 5,000 psi tubing head adaptor with new 5,000 psi flanged master valve, all wellhead valves are rated to 5,000 psi and all nipples are XXH. Document all wellhead components and pressure rating in OpenWells in a wellhead report.
26 Install 2-3/8" pup joint above the master valve. MIRU hydrotester. 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. RDMO hydrotester.
27 RDMO WO rig. Return well to production team.
28 END OF SAFETY PREP STEPS. CONTACT PRODUCTION ENGINEER FOR UN-SAFETY PREP PROCEDURE.

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**

400786665	OTHER
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Total Attach: 1 Files