

**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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Document Number: 400805075			
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: 10110 Contact Name Callie Fiddes
 Name of Operator: GREAT WESTERN OPERATING COMPANY LLC Phone: (303) 398-0550
 Address: 1801 BROADWAY #500 Fax: ()
 City: DENVER State: CO Zip: 80202 Email: regulatorypermitting@gwogco.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 123 39385 00 OGCC Facility ID Number: 437032
 Well/Facility Name: Kodak North FD Well/Facility Number: 27-099HC
 Location QtrQtr: SENW Section: 26 Township: 6N Range: 67W Meridian: 6
 County: WELD Field Name: WATTENBERG
 Federal, Indian or State Lease Number: _____

Survey Plat		
Directional Survey		
Srvc 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 40.459011 PDOP Reading 1.6 Date of Measurement 10/21/2013
 Longitude -104.863283 GPS Instrument Operator's Name L. Shanks

LOCATION CHANGE (all measurements in Feet)

Well will be: HORIZONTAL (Vertical, Directional, Horizontal)

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

FNL/FSL		FEL/FWL	
<u>2252</u>	<u>FNL</u>	<u>1970</u>	<u>FWL</u>
<u>2252</u>	<u>FNL</u>	<u>1970</u>	<u>FWL</u>

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

Current **Surface** Location **From** QtrQtr SENW Sec 26
 New **Surface** Location **To** QtrQtr SENW Sec 26

Twp 6N Range 67W Meridian 6
 Twp 6N Range 67W Meridian 6

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

<u>1084</u>	<u>FNL</u>	<u>1825</u>	<u>FWL</u>
<u>1084</u>	<u>FNL</u>	<u>1825</u>	<u>FWL</u> **

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

Current **Top of Productive Zone** Location **From** Sec 26
 New **Top of Productive Zone** Location **To** Sec 26

Twp 6N Range 67W
 Twp 6N Range 67W

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

<u>1084</u>	<u>FNL</u>	<u>470</u>	<u>FWL</u>
<u>1084</u>	<u>FNL</u>	<u>300</u>	<u>FEL</u> **

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

Current **Bottomhole** Location Sec 27 Twp 6N Range 67W
 New **Bottomhole** Location Sec 28 Twp 6N Range 67W

** attach deviated drilling plan

Is location in High Density Area? No

Distance, in feet, to nearest building 722, public road: 451, above ground utility: 628, railroad: 305,
 property line: 465, lease line: 815, well in same formation: 235

Ground Elevation 4761 feet Surface owner consultation date 11/14/2013

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 04/13/2015

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

COMMENTS:

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
Conductor casing	24				16				42	0	80	121	80	0
Surface String	13	1		2	9	5		8	36	0	1025	456	1025	0
First String	7	7		8	5	1		2	17	6700	15101	1523	15101	1025

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: Callie Fiddes

Title: Regulatory Specialist Email: regulatorypermitting@gwogco.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

400805133	WELL LOCATION PLAT
400805135	DIRECTIONAL DATA
400805138	DEVIATED DRILLING PLAN
400805894	PROPOSED SPACING UNIT

Total Attach: 4 Files