

State of Colorado
Oil and Gas Conservation Commission

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DE	ET	OE	ES
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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>100322</u>	Contact Name <u>KATHLEEN MILLS</u>
Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(720) 587-2226</u>
Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 228-4286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>kmills@nobleenergyinc.com</u>

API Number : 05- <u>123</u> <u>34185</u> <u>00</u>	OGCC Facility ID Number: <u>424789</u>
Well/Facility Name: <u>McKay Federal</u>	Well/Facility Number: <u>AB02-15</u>
Location QtrQtr: <u>SWSE</u> Section: <u>2</u> Township: <u>7N</u> Range: <u>64W</u> Meridian: <u>6</u>	
County: <u>WELD</u> Field Name: <u>TOM CAT</u>	
Federal, Indian or State Lease Number: <u>COC67169</u>	

Complete the Attachment
Checklist

OP OGCC

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 _____ 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 SWSE Sec 2

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>610</u>	<u>FSL</u>	<u>2095</u>	<u>FEL</u>
_____	_____	_____	_____
Twp <u>7N</u>	Range <u>64W</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 MCKAY FEDERAL Number AB02-15 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 03/15/2015

☐ 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) MIRU Workover rig, pump & tank.
 - 2) Control well with kill fluid.
 - 3) NU BOP, Test BOP.
 - 4) POOH with 2-7/8" tubing, Baker ESP Cable, & cap string. Use tuboscope scanner while pulling tubing. Replace any substantially worn tubing as needed.
 - 5) Inspect and test, cable and cap string. If cable and/or cap string fails, order new cable and/or cap string from BHI.
 - 6) PU and RIH with bit and scraper, cleaning out any fill to at least 8,925' - 75' below bottom perf. (The previous ESP shroud is estimated in the hole at 8,951')
 - 7) POOH w/ bit and scraper.
 - 8) RIH w/ workstring and RBP. Set RBP @ 8,728' (100' above perforations) w/ 2 sx of sand on top.
 - 9) Load hole. Pressure test casing to 500 PSI.
 - a) If casing pressure test holds, skip to Step 30 (POOH w/ RBP, SI Well)
 - b) If casing pressure test fails, continue with procedure below (locating hole(s) and cement squeeze).
 - 10) RIH with tubing and packer. Hunt for casing holes by moving packer and pressure testing. Release packer and POOH.
- Call engineer for orders once casing leaks are identified.
- 11) RU WL. RIH w/ perf gun. Perforate 7" casing near identified depth of casing hole.
 - 12) RIH w/ workstring and packer. Set packer 300' above perforations from Step 11.
 - 13) Establish injectivity through perforations.
 - a) If formation takes fluids, immediately switch to cement.
 - b) If formation does not take fluids, contact office (970-304-5221 or 970-518-8897).
 - 14) Pump 50 sx 15.8 ppg Class G cmt w/ gas check and displace with with fresh water. (Cement volume may changed based on injectivity)
 - 15) SI, WOC. Stage squeeze job to 3000 psi.
 - 16) Release packer. Reverse out. TOOH w/ workstring and packer.
 - 17) Pressure up on the casing to 2000 psi for 15 minutes.
 - a) If casing pressure holds, bleed off and skip to Step 25 of procedure (clear cement, MIT with COGCC).
 - b) If casing pressure bleeds off, contact office (970-304-5221 or 970-518-8897). Will continue with below procedure.
 - 18) RU WL. RIH w/ perf gun. Perforate 7" casing @ 2,250'.
 - 19) RIH w/ workstring and packer. Set packer @ 1,950'.
 - 20) Establish injectivity through perforations.
 - a) If formation takes fluids, immediately switch to cement.
 - b) If formation does not take fluids, contact office (970-304-5221 or 970-518-8897).
 - 21) Pump 50 sx 15.8 ppg Class G cmt w/ gas check and displace with ~86 bbls fresh water. (Cement volume may changed based on injectivity)
 - 22) SI, WOC. Stage squeeze job to 3000 psi.
 - 23) Release packer. Reverse out. TOOH w/ workstring and packer.
 - 24) Pressure up on the casing to 2000 psi for 15 minutes.
 - a) If casing pressure holds, bleed off and continue with procedure below.
 - b) If casing pressure bleeds off, contact office (970-304-5221 or 970-518-8897).
 - 25) RIH w/ 6 3/4" bit and drill out cement until fall out. Circulate clean. TOOH w/ 6 3/4" bit.
 - 26) Roll hole clean. Pressure test cement to 500 PSI and verify well holds pressure.
- CALL COGCC AND OFFER THEY CAN WITNESS MIT to 500psi next day.
- 27) Perform MIT (per attached COGCC MIT guidelines)
 - 28) RU WL. RIH w/ CBL tool. Run full CBL log from RBP to surface.
 - 29) RIH w/ workstring and retrieving head. Wash sand and latch on to RBP @ 8,728'. POOH w/ workstring and RBP.
 - 30) POOH. Shut in well.

Contacts

Joe Brnak – Completions Supervisor Office: 970-304-5108 Cell: 970-381-1234
Craig Benner – Superintendent Office: 970-304-5016 Cell: 970-302-9254
Brad Gilmer – Production Foreman Office: 970-304-5146 Cell: 970-381-7866
Jason Lehman – Production Engineer Office: 970-304-5221 Cell: 970-518-8897

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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Signed: _____ Print Name: KATHLEEN MILLS

Title: REGULATORY ANALYST Email: kmills@nobleenergyinc.com Date: 2/19/2015

COGCC Approved: HICKEY, MIKE Date: 3/27/2015

Description

	The additional cement referenced shall be placed as indicated and comply with Rule 317.j. The placed cement shall be verified with a CBL and documented with a Form 5.
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Comment Date

Total: 0 comment(s)

Name

400795313	FORM 4 SUBMITTED
400795321	OTHER

Total Attach: 2 Files