

**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
Document Number: <b>400850583</b>			
Date Received: <b>06/09/2015</b>			

**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: 96850 Contact Name Angela Neifert-Kraiser  
 Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 606-4398  
 Address: 1001 17TH STREET - SUITE #1200 Fax: ( )  
 City: DENVER State: CO Zip: 80202 Email: angela.neifert-kraiser@wpxenergy.com

Complete the Attachment  
Checklist

OP OGCC

API Number : 05- 045 17814 00 OGCC Facility ID Number: 299990  
 Well/Facility Name: CHEVRON Well/Facility Number: TR 313-28-597  
 Location QtrQtr: SESW Section: 28 Township: 5S Range: 97W Meridian: 6  
 County: GARFIELD Field Name: TRAIL RIDGE  
 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 \_\_\_\_\_ 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 SESW      Sec 28

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 28

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 28      Twp 5S      Range 97W

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 \_\_\_\_\_

FNL/FSL		FEL/FWL	
<u>1019</u>	<u>FSL</u>	<u>1975</u>	<u>FWL</u>
_____	_____	_____	_____
Twp <u>5S</u>	Range <u>97W</u>	Meridian <u>6</u>	
Twp _____	Range _____	Meridian _____	
<u>2014</u>	<u>FSL</u>	<u>625</u>	<u>FWL</u>
_____	_____	_____	_____
Twp <u>5S</u>	Range <u>97W</u>		
Twp _____	Range _____		
<u>2014</u>	<u>FSL</u>	<u>625</u>	<u>FWL</u>
_____	_____	_____	_____

\*\* attach deviated drilling plan

\*\*

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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 06/09/2015

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 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 checked="" type="checkbox"/> Other <u>DFIT</u>                | <input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases          |  |

## COMMENTS:

WPX REQUEST TO DO A DFIT ON TR 313-28-597, Upper MV, 5960'  
DFIT Procedure  
Well Name: TR 313-28-597

1. Contact production rig down automation and secure wellhead
2. MIRU Workover , NU Test BOP, Tag for fill Rig pull Production tubing & rack back
3. MIRU E-Line Services set Composite plug at 6,010'
4. Pressure Test Composite plug to 4500 PSI
5. Run in with Tbg. & circulate the gas out of the wellbore prior to the pressure test and shooting the squeeze perfs
6. Pick up perforating guns
7. Run Perforators into 5,960' Depth shoot DFIT holes
8. Run 2 3/8 tubing with Packer in to 5,940' depth
  - a. BHA needed & Testing
    - i. Seat nipples X & XN space out 1 joint
    - ii. Hydrotest tubing back in
  - b. Circulate bottoms to remove gas
9. Pressure Test tubing and packer to 4,500' PSI
10. Pick up Slickline
  - a. Pick up Northern Lights gauges with downhole shut in valve
  - b. Rig onto well and run in
  - c. Tag Xn nipple set valve and gauge in nipple
  - d. Pull slickline and rig off well
11. Begin to pump DFIT. Ensure breakdown of formation has occurred
  - a. If you don't see good breakdown within the first 10 bbls, increase rate by a couple bpm until 15 bpm or pressure out.
  - b. If no breakdown occurs, call engineer
  - c. If breakdown occurs, continue to pump DFIT per procedure
12. Pump DFIT
  - a. After initial break, pump at 8-10 bpm for 8 minutes. Do NOT change rate during DFIT
  - b. Perform step rate test at end of job
    - i. Need 3 steps, (2.5 bbls per step)
  - c. Get ISIP, 5, 10 and 15 minutes pressures
  - d. Make sure ISIP is a hard shut in
13. RD Halliburton
14. Leave gauges on for 5 days ( shut in valve opens in 5 days)
15. Rig automation up to tubing & casing to ensure plug is holding
16. Pull gauges and send data to:
  - a. Tyler Burt – samuel.burt@wpenergy.com
  - b. Jason Bundick- jason.bundick@wpenergy.com
  - c. Autumn Shannon – autumn.shannon@wpenergy.com

**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**

**Operator Comments:**

WPX REQUEST TO DO A DFIT ON TR 313-28-597, Upper MV, 5960'

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

Signed: \_\_\_\_\_ Print Name: Angela Neifert-Kraiser  
Title: Regulatory Specialist Email: angela.neifert-kraiser@wpxenergy.com Date: 6/9/2015

Based on the information provided herein, this Sundry Notice (Form 4) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: BURGER, CRAIG Date: 6/10/2015

**CONDITIONS OF APPROVAL, IF ANY:**

**COA Type**

**Description**

<u>COA Type</u>	<u>Description</u>

**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**

400850583	FORM 4 SUBMITTED
400850855	OTHER
400850856	WELLBORE DIAGRAM

Total Attach: 3 Files