

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: 400852081			
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: 30680 Contact Name April E Pohl
 Name of Operator: FOUR STAR OIL & GAS COMPANY Phone: (505) 333-1941
 Address: 1400 SMITH STREET - ROOM 44195 Fax: (505) 334-7134
 City: HOUSTON State: TX Zip: 77002 Email: April.Pohl@chevron.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 067 08502 00 OGCC Facility ID Number: 260642
 Well/Facility Name: HILL Well/Facility Number: 8-3
 Location QtrQtr: SWNE Section: 8 Township: 34N Range: 8W Meridian: N
 County: LA PLATA Field Name: IGNACIO BLANCO
 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:

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

Current **Surface** Location **From** QtrQtr SWNE Sec 8

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	
<input type="text" value="1636"/>	<input type="text" value="FNL"/>	<input type="text" value="1464"/>	<input type="text" value="FEL"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Twp <input type="text" value="34N"/>	Range <input type="text" value="8W"/>	Meridian <input type="text" value="N"/>	
Twp <input type="text"/>	Range <input type="text"/>	Meridian <input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Twp <input type="text"/>	Range <input type="text"/>		
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Range <input type="text"/>			
Range <input type="text"/>			

**

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** attach deviated drilling plan

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 _____

REPORT OF WORK DONE Date Work Completed 05/31/2015

<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>Hole in tubing</u>	<input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases	

COMMENTS:

5/29/2015
R/U rod handling equipment, start pulling rods. Pulled 6 triples, noted severe wear.
RIH w/2.347" gauge ring - tagging every collar for first 180', work down, ran clean to 2204' (top of rod on/off tool). POOH w/gauge ring, RIH w/collar stop & set @2165'. POOH, RIH w/ tubing punch & perforate @2164'. R/D slickline unit.
N/U BOP's w/ 2-7/8" ram blocks. Install landing joint, press test 2100psi - good.
RIH & tag @2356' (4ft fill). Scanalog showed 2 yellow (15% loss), 8 blue (30%), 13 green (50%), and 45 red (>50%). Report to engineer. SWIFN.

5/30/2015
P/U & RIH w/ 5-1/2" RBP on new 2-7/8" L80 production tubing. RIH to 1982' & set RBP.
Release from plug, load hole w/ 2% KCl, took 32bbls to fill. Pressure test to 500psi - good.
POOH w/ production string.
N/D BOP's. Install tubing rotator on top of existing tubing spool.
N/U BOP's. Pressure test BOP/rotator flange to 500psi - good.
Trip in hole w/ production tubing, engage RBP, release plug. POOH w/ RBP, laid down excess tubing.
RIH w/ mule shoe, 2-7/8" x 2-1/4" tbg pump w/ 2ft J55 pup jt, 5jts boronized 2-7/8", 38jts 2-7/8" L80, 15jts boronized 2-7/8", and 9jts 2-7/8" L80. RIH to 2252' (EOT). Land tubing w/ rotating hanger. N/D BOP's, N/U wellhead. SWIFN.
Note: hanger does NOT have BPV profile, no method to isolate & pressure test hanger spool.

5/31/2015
RIH w/ retrievable standing valve on new 7/8" rod string: 1-1/2" sinker bar, stabilizer, 4 1-1/2" sinker bars, 26 guided 7/8" rods, 41 7/8" rods, 14 guided 7/8" rods, and 1 7/8" rod. Engage tubing pump & thread on rod string.
Load tubing w/ 13bbls 2% KCl, pressure test to 800psi - good. Function test pump - good action. Space out, hang horse head & hook up rotator cable. RDMO.

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:

Hole in Tubing repair

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

Signed: _____ Print Name: April E Pohl

Title: Permitting Specialist Email: April.Pohl@chevron.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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400852086	WELLBORE DIAGRAM
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Total Attach: 1 Files