

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: 400851928			
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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: 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 08317 00 OGCC Facility ID Number: 257843
 Well/Facility Name: SOUTHERN UTE Well/Facility Number: 26-5
 Location QtrQtr: NESE Section: 26 Township: 33N Range: 9W 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 NESE Sec 26

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>1380</u>	<u>FSL</u>	<u>1020</u>	<u>FEL</u>
_____	_____	_____	_____
Twp <u>33N</u>	Range <u>9W</u>	Meridian <u>N</u>	
Twp _____	Range _____	Meridian _____	
_____	_____	_____	_____
_____	_____	_____	_____
Twp _____	Range _____		
Twp _____	Range _____		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**

**

** 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 05/28/2015

<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>HIT repair</u>	<input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases	

COMMENTS:

5/19/2015
MIRU. POOH w/ 1 1/4 PR, 6' pony, 8' pony, 146 - 7/8" rods, 12 - 1 1/2" Sinker Bars, Stab Bar, 20' pump

5/20/2015
Work on hold down pins, changed out 1 pin, Stump tested BOP's. RIH w/ tbg, tag for fill at 4050'.
POOH, Spool capstring (410'), on 12 jts. LD 2 7/8 prod tbg, 126 Jts, 2 Pup Jts, Sand screen.
Verify tag depth of 4050', Bttm 7 jts has scale, Sand screen plugged
Change out pipe rams to 2 3/8, test rams, test fail, change out rubbers, retest to 2400 psi for 15 min.
RIH w/ 6 1/4" bit, 7" scraper on 117 jts to 3712'. LD 3 jts, POOH w/ 57 stands

5/21/2015
RIH w/ Tension pkr, Set at 3642', wait on HES acid. R/U HES Acid Equipment
Test lines to 4000, Load well, Attempt to establish I/R. Establish I/R w/ 15 bbls, Pump 2558 gal 15% HCL, Pumped 500 gal acid, begin dropping balls (300 total), did not see a lot of ball action, Flush w/ 27.5 bbls 2% KCL, Max treating pressure, 3023 psi., Max rate 7 bpm. Avg treating pressure - 1153 psi, Avg treating pressure on flush 2451psi @ avg rate of 6 bpm, SD Pump, ISIP - 0 psi. Total volume, 7413 gal. RD HES acid equipment
Release pkr, POOH w/ tbg & pkr, LD tools

5/22/2015
Start air, Establish circulation, 12 BWPH mist @ 400 psi. Cleanout from 4048' to 4127', Found Hard Bttm. Circulate off bttm, Pump sweeps, recover mostly frac sand, spent acid, small pieces coal fines, cleaning to trace sand. POOH, LD 2 3/8" workstring, bit. SDFW.

5/27/2015
RIH w/mule shoe, SN on 126jts Yellow band 2-3/8" prod tbg while bndg capillary string from 3980', to open at 700psi.
RIH w/ new 2"x1-1/4" x 18'3" RHAC-Z rod pump w/ 4' spray metal PA w/10 1-1/4" sinker bars. Changed out 7/8" rod boxes to slimhole boxes. RIH w/ sinker bars & 80 rods to 2250'. SWIFN.

5/28/2015
RIH to SN @3988', seat pump, load & test tubing to 500psi. Space out & function test pump. 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 completed 5/28/15

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: 6/11/2015

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

COGCC Approved: WEEMS, MARK Date: 8/7/2015

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

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

General Comments

User Group

Comment

Comment Date

Permit	Added engineering task.	6/11/2015 7:27:22 AM
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Total: 1 comment(s)

Attachment Check List

Att Doc Num

Name

400851928	FORM 4 SUBMITTED
400851931	WELLBORE DIAGRAM

Total Attach: 2 Files