

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
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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: 100322 Contact Name Eileen Roberts
 Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4330
 Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202 Email: eileen.roberts@nblenergy.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 123 13357 00 OGCC Facility ID Number: 245562
 Well/Facility Name: OCOMA - UPRR Well/Facility Number: C7-15
 Location QtrQtr: SWSE Section: 7 Township: 4N Range: 64W Meridian: 6
 County: WELD Field Name: WATTENBERG
 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 SWSE Sec 7

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	
480	FSL	1980	FEL
_____	_____	_____	_____
Twp <u>4N</u>	Range <u>64W</u>	Meridian <u>6</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 09/28/2015

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:

WORKOVER PROCEDURE

WELL NAME: OCOMA UPRR C07-15 DATE: 8/18/2015

LOCATION:

Qtr/Qtr: SWSE Section: 7 Township: 4N Range: 64W

COUNTY: WELD STATE: CO API #: 05-123-13357

ENGINEER: Hunter Dunham 7 Day Notice Sent:

(Please notify Engineer of any major Do not start operations until:
changes prior to work) Notice Expires:

OBJECTIVE: Annular Fill - Fox Hills, Pierre, and Sussex

WELL DATA: Surface Csg: 8 5/8" 24# 318' KB Elevation: 4830
Surface Cmt: 170 sxs class neat cmt 11'-318' GL Elevation: 4819
Long St Csg: 4 1/2" 15.10# 7233' TD: 7233
Long St Cmt: 6384'-7233' PBTD: 7233
Long St Date: 2/28/1987

Plug Back (Sand or CIBP): Last tag at 7163' with CBL Logger

Perforation Interval (1): NIOBRARA 6799' - 6958'

Perforation Interval (2): CODELL 7063' - 7075'

Perforation Interval (3):

Perforation Interval (4):

Tubing: 2 3/8" 4.70# J-55 7050' Rods:

Pump:

Misc.:

PRODUCTION STATUS: 1 BOEPD

COMMENTS: Base of Fox Hills @ 461' Pierre 623' - 1584', Top of Sussex Interval 4411'

PROCEDURE:

- 1) MIRU Workover rig, pump & tank.
- 2) Control well with kill fluid
- 3) POOH 2 3/8" tubing
- 4) RIH w/ Bit & Scraper. Tag fill if any. Clean out to PBTD (tally in). TOOH
- 5) RIH w/RBP. Set RBP @ +/-6750', spot 2 sx of sand on top of RBP. Test RBP 2,000psi. TOOH
- 6) Bleed off bradenhead, unland casing
- 7) Trip in 1 1/4" tubing down annular w/ mule shoe to +/- 4611', condition hole.
- 8) RU cement crew, pump 112 sxs 13.5ppg FracCem cement covering Sussex, 4211' - 4611' interval cemented.
- 9) TOOH with 1 1/4" tubing to 1700', condition hole. POOH to 1685'
- 10) RU cement crew, pump 580 sxs 15.8ppg "G" neat cement bringing cement to surface (25% excess volume assumed)
- 11) Roll hole, POOH with 1 1/4" tubing, land casing.
- 12) SI well overnight, run CBL recording new cement depths
- 13) RIH with retrieving head to 6725' and circulate hole 2x hole volume (200bbls or 8000gal) to clean sand off top of RBP
- 14) Latch onto RBP and bring to surface
- 15) Flange wellhead up for continued production after rig off
- 16) RDMO Workover rig, pump & tank

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:

<u>Best Management Practices</u>	
<u>No BMP/COA Type</u>	<u>Description</u>

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: Eileen Roberts
Title: Regulatory Analyst Email: eileen.roberts@nblenergy.com Date: 9/14/2015

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

COGCC Approved: JENKINS, STEVE Date: 9/15/2015

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

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files