

**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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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: 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 15338 00 OGCC Facility ID Number: 247541  
 Well/Facility Name: HSR-RAY Well/Facility Number: 3-29  
 Location QtrQtr: NENW Section: 29 Township: 4N Range: 65W Meridian: 6  
 County: WELD Field Name: WATTENBERG  
 Federal, Indian or State Lease Number: 63034

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 NENW Sec 29

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>690</u>	<u>FNL</u>	<u>1802</u>	<u>FWL</u>
_____	_____	_____	_____
Twp <u>4N</u>	Range <u>65W</u>	Meridian <u>6</u>	
Twp _____	Range _____	Meridian _____	
_____	_____	_____	_____
_____	_____	_____	_____
Twp _____	Range _____		
Twp _____	Range _____		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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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    11/04/2015

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: HSR - RAY 03-29 DATE: 8/12/2015  
 LOCATION:  
 Qtr/Qtr: NENW Section: 29 Township: 4N Range: 65W  
 COUNTY: WELD STATE: CO API #: 05-123-15338

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 and Pierre

WELL DATA: Surface Csg: 8 5/8" 24# 449' KB Elevation: 4848  
 Surface Cmt: 320 sxs neat cmt 10'-449' GL Elevation: 4838  
 Long St Csg: 4 1/2" 11.60# I-70 7405' TD: 7405  
 Long St Cmt: 3850'-4640'; 6410' - 7405' PBTD: 7405  
 Long St Date: 11/17/1991

Plug Back (Sand or CIBP): Last tag at 7383' with CBL Logger  
 Perforation Interval (1): NIOBRARA 6959' - 7142'  
 Perforation Interval (2): FT HAYS 7238' - 7242'  
 Perforation Interval (3): CODELL 7250' - 7266'  
 Perforation Interval (4):

Tubing: 2 3/8" 4.70# J-55 7150' Rods:  
 Pump:  
 Misc.:

PRODUCTION STATUS: 10 BOEPD  
 COMMENTS: Base of Fox Hills @ 488' Pierre 637' - 1550'

**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 @ +/-6900', 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 +/- 1650', condition hole.
- 8) RU cement crew, pump 560 sxs 15.8ppg "G" neat cement bringing cement to surface (25% excess assumed)
- 9) POOH with 1 1/4" tubing, land casing.
- 10) SI well overnight, run CBL recording new cement depths
- 11) Leave plug in hole for upcoming fracture stimulation
- 12) 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:

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

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: \_\_\_\_\_

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>

Total: 0 comment(s)

**Attachment Check List**

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

Total Attach: 0 Files