

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: 400942145			
Date Received: 11/24/2015			

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 Julie Webb
 Name of Operator: NOBLE ENERGY INC Phone: (720) 587-2223
 Address: 1625 BROADWAY STE 2200 Fax: ()
 City: DENVER State: CO Zip: 80202 Email: jwebb@progressivepcs.net

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 123 41971 00 OGCC Facility ID Number: 442723
 Well/Facility Name: Wells Ranch Well/Facility Number: BB01-655
 Location QtrQtr: SWNW Section: 5 Township: 5N Range: 62W 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 SWNW Sec 5

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 6

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 1 Twp 5N

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>2140</u>	<u>FNL</u>	<u>455</u>	<u>FWL</u>
_____	_____	_____	_____
Twp <u>5N</u>	Range <u>62W</u>	Meridian <u>6</u>	
Twp _____	Range _____	Meridian _____	
<u>2257</u>	<u>FNL</u>	<u>534</u>	<u>FEL</u>
_____	_____	_____	_____
Twp <u>5N</u>	Range <u>62W</u>		
Twp _____	Range _____		
<u>2260</u>	<u>FNL</u>	<u>535</u>	<u>FWL</u>
_____	_____	_____	_____
Twp _____	Range <u>63W</u>		
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 10/30/2015

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

COMMENTS:

Noble Energy Inc. respectfully requests to change the casing plans for this well to create a monobore. The BHL, SHL, Top of Producing Zone, and Spacing Unit will not change. Noble will deepen surface casing to 1,800'. This will cover the base of the Pierre Aquifer for Oil Based Mud considerations. Surface cement will be 550sx of 13.5ppg 1.74ft3/sk. No intermediate casing will be ran. The production string will be:

- Hole size 8-1/2"
- 5-1/2" 20# P-110IC BTC casing from TD to surface.
- 1900sx of 13.6ppg 1.91ft3/sk.

Oil Based Mud will be utilized for the production hole interval only.

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
Conductor Casing	26				16				0	0	80	6	80	0
Surface String	13	3		4	9	5		8	36	0	1800	550	1800	0
First String	8	1		2	5	1		2	20	0	16329	1900	16329	

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

<u>No BMP/COA Type</u>	<u>Description</u>

Operator Comments:

Noble will either take all cuttings to a certified disposal facility or treat with microbial remediation on location. If we use microbial remediation on location, per Noble conversation with COGCC Environmental staff, Noble will submit a Form 27 stating that all OBM will be treated using microbial treatment on the approved 2A location. The cuttings will be sampled and submitted to a certified lab, once cuttings are below COGCC Table 910-1, the cuttings will either be spread on the COGCC location or buried in a cuttings trench.

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

Signed: _____ Print Name: Julie Webb
Title: Regulatory Analyst Email: jwebb@progressivepcs.net Date: 11/24/2015

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: 11/25/2015

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

400942145	FORM 4 SUBMITTED
-----------	------------------

Total Attach: 1 Files