

State of Colorado
Oil and Gas Conservation Commission

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DE	ET	OE	ES
Document Number: 400788684			
Date Received: 02/11/2015			

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: 100264 Contact Name Matthew Deveau
 Name of Operator: XTO ENERGY INC Phone: (303) 397-3697
 Address: 382 CR 3100 Fax: ()
 City: AZTEC State: NM Zip: 87410 Email: matthew_deveau@xtoenergy.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 045 00 OGCC Facility ID Number: 440749
 Well/Facility Name: XTO Piceance Basin Flowline System Well/Facility Number: 440749
 Location QtrQtr: _____ Section: _____ Township: _____ Range: _____ Meridian: _____
 County: GARFIELD Field Name: _____
 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 Sec

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"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Twp <input type="text"/>	Range <input type="text"/>	Meridian <input type="text"/>
	Twp <input type="text"/>	Range <input type="text"/>	Meridian <input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Twp <input type="text"/>	Range <input type="text"/>	<input type="text"/>
	Twp <input type="text"/>	Range <input type="text"/>	<input type="text"/>
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	Range <input type="text"/>	<input type="text"/>	<input type="text"/>
	Range <input type="text"/>	<input type="text"/>	<input type="text"/>

**

**

** attach deviated drilling plan

OTHER CHANGES

REMOVE FROM SURFACE BOND Signed surface use agreement is a required attachment

CHANGE OF WELL, FACILITY OR OIL & GAS LOCATION NAME OR NUMBER

From: Name XTO PICEANCE BASIN FLOWLINE SYSTEM Number 440749 Effective Date: _____

To: Name _____ Number _____

ABANDON PERMIT: Permit can only be abandoned if the permitted operation has NOT been conducted. Field inspection will be conducted to verify site status.

WELL: Abandon Application for Permit-to-Drill (Form2) – Well API Number _____ has not been drilled.

PIT: Abandon Earthen Pit Permit (Form 15) – COGCC Pit Facility ID Number _____ has not been constructed (Permitted and constructed pit requires closure per Rule 905)

CENTRALIZED E&P WASTE MANAGEMENT FACILITY: Abandon Centralized E&P Waste Management Facility Permit (Form 28) – Facility ID Number _____ has not been constructed (Constructed facility requires closure per Rule 908)

OIL & GAS LOCATION ID Number: _____

Abandon Oil & Gas Location Assessment (Form 2A) – Location has not been constructed and site will not be used in the future.

Keep Oil & Gas Location Assessment (Form 2A) active until expiration date. This site will be used in the future.

Surface disturbance from Oil and Gas Operations must be reclaimed per Rule 1003 and Rule 1004.

REQUEST FOR CONFIDENTIAL STATUS

DIGITAL WELL LOG UPLOAD

DOCUMENTS SUBMITTED Purpose of Submission: _____

RECLAMATION

INTERIM RECLAMATION

Interim Reclamation will commence approximately _____

Per Rule 1003.e.(3) operator shall submit Sundry Notice reporting interim reclamation is complete and site is ready for inspection when vegetation reaches 80% coverage.

Interim reclamation complete, site ready for inspection.

Per Rule 1003.e(3) describe interim reclamation procedure in Comments below or provide as an attachment and attach required location photographs.

Field inspection will be conducted to document Rule 1003.e. compliance

FINAL RECLAMATION

Final Reclamation will commence approximately _____

Per Rule 1004.c.(4) operator shall submit Sundry Notice reporting final reclamation is complete and site is ready for inspection when vegetation reaches 80% coverage.

Final reclamation complete, site ready for inspection. Per Rule 1004.c(4) describe final reclamation procedure in Comments below or provide as an attachment.

Field inspection will be conducted to document Rule 1004.c. compliance

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 02/10/2015

REPORT OF WORK DONE Date Work Completed _____

- Intent to Recomplete (Form 2 also required)
- Request to Vent or Flare
- E&P Waste Mangement Plan
- Change Drilling Plan
- Repair Well
- Beneficial Reuse of E&P Waste
- Gross Interval Change
- Rule 502 variance requested. Must provide detailed info regarding request.
- Other _____
- Status Update/Change of Remediation Plans for Spills and Releases

COMMENTS:

XTO Energy, Inc. hereby requests a variance from the annual pressure testing requirements of COGCC Rule 1101.e.(1).
 XTO is requesting a 4 month timeframe, upon the approval of this variance, to provide the required GIS data.

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:

[Empty comment box]

Best Management Practices

No BMP/COA Type

Description

No BMP/COA Type	Description

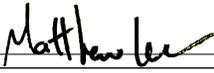
Operator Comments:

[Empty operator comments box]

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

Signed: _____ Print Name: Dolena Johnson
 Title: Sr. Regulatory Analyst Email: dee_johnson@xtoenergy.com Date: 2/11/2015

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

COGCC Approved:  Date: 2/13/2015

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

The variance requested by XTO is to replace the annual test with continuous pressure monitoring of their Piceance Basin flowlines augmented with a set of best practices. XTO uses a continuous pressure monitoring system of their facility with satellite data uploaded in near-real time of pressure buildup or pressure release. The pipelines' operating pressures will operate below pipeline material specifications. Pipeline integrity is enhanced by continuous monitoring and offers an approach to timely identification and minimizing spills over what could be achieved through annual testing. XTO will provide COGCC with an annually updated GIS map of their pipeline system. Annual reports on the effectiveness of the system will be submitted to COGCC staff with tabular reports on root cause analysis of pipeline related spills.

The XTO variance request details are presented in their letter and Sundry submittal. The following COAs have been placed on the Sundry.

1. The operator must supply a GIS map information in suitable format 120 days after the Commission approval of this variance showing the location of flowlines, type of pipe used in each segment, monitor points, valve locations, booster pump locations (if any).
2. At the end of each calendar year following approval of the variance, a report describing the system and improvements to the system (if any) shall be provided along with an update to the GIS map. This report shall include a description of the mechanics of the system and any changes or improvements implemented during that year.
3. As part of the annual report, the operator shall, summarize in tabular form any spill or release associated with pipelines, valve sets, or system operations, on or off well pads and provide a root cause analysis as well as why each spill was not prevented by the monitoring system.
4. This variance shall be valid for a period of five (5) years from the approval date. A review of this variance, annual reports, and root cause analyses shall be conducted by the operator presented to the Director for continued variance at that time and every five (5) years thereafter.

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Routing Review	Routed to the Engineering Group for review.	2/11/2015 1:21:44 PM

Total: 1 comment(s)

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
1696500	COGCC COA
400788684	SUNDRY NOTICE APPROVED-502b
400788685	VARIANCE REQUEST
400792611	FORM 4 SUBMITTED

Total Attach: 4 Files