

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: 400980707			
Date Received: 01/29/2016			

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: 61250 Contact Name Mark Shreve
 Name of Operator: MULL DRILLING COMPANY INC Phone: (316) 264-6366
 Address: 1700 N WATERFRONT PKWY B#1200 Fax: (316) 264-6440
 City: WICHITA State: KS Zip: 67206-6637 Email: mshreve@mulldrilling.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 017 07409 00 OGCC Facility ID Number: 208474
 Well/Facility Name: MULL UPRC-HISS Well/Facility Number: 2
 Location QtrQtr: SENE Section: 29 Township: 13S Range: 44W Meridian: 6
 County: CHEYENNE Field Name: SMOKY CREEK
 Federal, Indian or State Lease Number: _____

Survey Plat		
Directional Survey		
Srvc 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:

FNL/FSL	FEL/FWL
<u>1941</u> FNL	<u>626</u> FEL

Change of **Surface** Footage **To** Exterior Section Lines:

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Current **Surface** Location **From** QtrQtr SENE Sec 29

Twp <u>13S</u>	Range <u>44W</u>	Meridian <u>6</u>
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New **Surface** Location **To** QtrQtr _____ Sec _____

Twp _____	Range _____	Meridian _____
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Change of **Top of Productive Zone** Footage **From** Exterior Section Lines:

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Change of **Top of Productive Zone** Footage **To** Exterior Section Lines:

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Current **Top of Productive Zone** Location **From** Sec _____

Twp _____	Range _____
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New **Top of Productive Zone** Location **To** Sec _____

Twp _____	Range _____
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Change of **Bottomhole** Footage **From** Exterior Section Lines:

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Change of **Bottomhole** Footage **To** Exterior Section Lines:

		**
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Current **Bottomhole** Location Sec _____ Twp _____

Range _____

** attach deviated drilling plan

New **Bottomhole** Location Sec _____ Twp _____

Range _____

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 _____

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 02/01/2016

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:

1. Run and set a CIBP down at 5310' (or deeper if we can) and set 2 sks. cement on top. We have gotten the top of the 5-1/2" casing in good enough shape we should be able to run the CIBP down through the casing now.
2. Load the casing with lease water.
3. Back off the first joint of 5-1/2" casing (must have fluid in the hole to shoot off the charge to back off the casing)
4. Pull out the joint of 5-1/2" casing.
5. Run a new joint of 5-1/2" casing.
6. Install valve on top and pressure test casing.
7. Send in Form 42 to schedule and run MIT if casing tests good; if casing does not test good, submit Form 6 to P&A the well.

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:

[Empty box for 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: Risa Carter
Title: Production Tech. Email: rcarter@mulldrilling.com Date: 1/29/2016

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

COGCC Approved: SUTPHIN, DIRK Date: 2/3/2016

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

	<ol style="list-style-type: none"> 1. Submit Form 4 - Sundry Notice (report of work done) when work is complete. 2. Submit Form 17 - Bradenhead Test. 3. Pass a MIT, or plug within 6 months.
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General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)

Attachment Check List

Att Doc Num

Name

400980707	FORM 4 SUBMITTED
400980842	WELLBORE DIAGRAM

Total Attach: 2 Files