

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



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|--------------------------------------|----|----|----|
| DE | ET | OE | ES |
| Document Number: 401045043 | | | |
| Date Received: 11/29/2016 | | | |

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: 47120 | Contact Name: Mike Dinkel |
| Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP | Phone: (720) 929-6368 |
| Address: P O BOX 173779 | Fax: (720) 929-7368 |
| City: DENVER State: CO Zip: 80217-3779 | Email: mike.dinkel@Anadarko.com |

Complete the Attachment
Checklist

OP OGCC

| | |
|--|--|
| API Number : 05-123-00 | OGCC Facility ID Number: 437066 |
| Well/Facility Name: BENSON FARMS | Well/Facility Number: 11N-19HZ |
| Location QtrQtr: NWSW Section: 24 Township: 3N Range: 68W Meridian: 6 | |
| County: WELD Field Name: WATTENBERG | |
| 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:

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

Current **Surface** Location **From** QtrQtr **NWSW** Sec **24**

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 | |
|---------|-----------|------------|----------------------------------|
| 2105 | FSL | 50 | FWL |
| | | | |
| Twp 3N | Range 68W | Meridian 6 | |
| Twp | Range | Meridian | |
| | | | |
| | | | ** |
| Twp | Range | | |
| Twp | Range | | |
| | | | |
| | | | ** |
| | | | |
| | | | ** 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 BENSON FARMS Number 11N-19HZ 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 _____

☒ REPORT OF WORK DONE Date Work Completed 02/18/2016

- | | | |
|--|---|---|
| <input type="checkbox"/> Intent to Recomplete (Form 2 also required) | <input type="checkbox"/> Request to Vent or Flare | <input type="checkbox"/> E&P Waste Management Plan |
| <input type="checkbox"/> Change Drilling Plan | <input type="checkbox"/> Repair Well | <input checked="" 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:

As per Kerr McGee Oil & Gas Onshore LP's (Kerr-McGee) approved Waste Management Plan for Land Application of Water-Based Bentonitic Drilling Fluids & Associated Drill Cuttings, the drill cuttings from the Benson Farms 12C-23HZ, Benson Farms 23C-19HZ, Benson Farms 12N-23HZ, and Benson Farms 11N-19HZ wells were land applied to the surface of the Benson Farms 11N-19HZ well pad. The drill cuttings from the wells were mixed with EcoSponge™ bioremediation product and incorporated into the native soil during well pad reclamation activities. After final incorporation, a four-point composite soil sample (Pad Comp) was collected from 0-8 inches below ground surface from the reclaimed well pad and submitted for laboratory analysis of total petroleum hydrocarbons (TPH), benzene, toluene, ethylbenzene, and total xylenes (BTEX), pH, electrical conductivity (EC), sodium adsorption ratio (SAR), total arsenic, and total barium. Four discrete background soil samples (Off N, Off E, Off S, and Off W) were collected from the undisturbed native surface soil surrounding the well pad and submitted for laboratory analysis of total arsenic. The four background soil samples were also composited into one additional soil sample (Off Comp) and submitted for the analysis of pH, EC, SAR, total arsenic, and total barium. Laboratory analytical results confirm that all concentrations and levels in the Pad Comp composite soil sample were compliant with the Colorado Oil and Gas Conservation Commission (COGCC) Table 910-1 allowable levels and/or below the site background levels. Based on the laboratory results, Kerr-McGee is requesting a no further action (NFA) status for this well pad. The laboratory report is included as an attachment to this Form 4.

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:

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Best Management Practices

No BMP/COA Type

Description

| | |
|--|--|
| | |
|--|--|

Operator Comments:

API of wells on the Benson Farms 11N-19HZ well pad:
05-123-39397
05-123-39394
05-123-39399
05-123-39398

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

Signed: _____ Print Name: Mike Dinkel
Title: Staff HSE Representative Email: mike.dinkel@Anadarko.com Date: 11/29/2016

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

COGCC Approved: CANFIELD, CHRIS Date: 3/20/2017

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

| | |
|--|--|
| | |
|--|--|

General Comments

User Group

Comment

Comment Date

| | | |
|--|--|---------------------|
| | | Stamp Upon Approval |
|--|--|---------------------|

Total: 0 comment(s)

Attachment Check List

Att Doc Num

Name

| | |
|-----------|------------------------------|
| 401045043 | SUNDRY NOTICE APPROVED-REUSE |
| 401045063 | OTHER |
| 401238150 | FORM 4 SUBMITTED |

Total Attach: 3 Files