

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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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 Erik Mickelson
 Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-4306
 Address: P O BOX 173779 Fax: ()
 City: DENVER State: CO Zip: 80217-3779 Email: Erik.Mickelson@anadarko.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 123 44789 00 OGCC Facility ID Number: 450558
 Well/Facility Name: CANNON Well/Facility Number: 1N-9HZ
 Location QtrQtr: NENE Section: 33 Township: 3N Range: 65W 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:

FNL/FSL		FEL/FWL	
521	FNL	402	FEL

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

Current **Surface** Location **From** QtrQtr NENE Sec 33 Twp 3N Range 65W Meridian 6
 New **Surface** Location **To** QtrQtr Sec Twp Range Meridian

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

152	FNL	225	FEL

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

Current **Top of Productive Zone** Location **From** Sec 33 Twp 3N Range 65W
 New **Top of Productive Zone** Location **To** Sec Twp Range

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

361	FNL	265	FEL

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

Current **Bottomhole** Location Sec 9 Twp 2N Range 65W ** 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 06/28/2017

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 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 checked="" type="checkbox"/> Other <u>318A.f Exception</u>	<input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases	

COMMENTS:

Pre-drill substitution request. Previously sampled water source in the COGCC database. Facility ID 753606, Sample ID 539996, Sample Date 8/26/14, Sample purpose Voluntary Baseline.
 Multi-well exception also applies to Cannon 2N-9HZ API#05-123-44790, Cannon 26N-9HZ API#05-123-44788, Cannon 27C-9HZ API#05-123-44791, Cannon 27N-9HZ API#05-123-44786, Cannon 28N-9HZ API#05-123-44785, Cannon 34N-3HZ API#05-123-44787, Cannon 2C-4HZ API#05-123-44792, Cannon 27N-4HZ API#05-123-44784.

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.):

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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:

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

Signed: _____ Print Name: Tanya Cude
Title: Environmental Scientist Email: Tanya.Cude@Absarokasolutions.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:	
COA Type	Description

General Comments		
User Group	Comment	Comment Date
		Stamp Upon Approval
Total: 0 comment(s)		

Attachment Check List	
Att Doc Num	Name
Total Attach: 0 Files	