

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: 401436067			
Date Received: 10/20/2017			

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 CHERYL LIGHT
 Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6461
 Address: P O BOX 173779 Fax: (720) 929-7461
 City: DENVER State: CO Zip: 80217-3779 Email: cheryl.light@anadarko.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 123 44315 00 OGCC Facility ID Number: 449471
 Well/Facility Name: BUTTERBALL Well/Facility Number: 24N-34HZ
 Location QtrQtr: NENE Section: 10 Township: 2N Range: 67W 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 NENE Sec 10

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 3

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 34 Twp 3N

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>577</u>	<u>FNL</u>	<u>764</u>	<u>FEL</u>
_____	_____	_____	_____
Twp <u>2N</u>	Range <u>67W</u>	Meridian <u>6</u>	
Twp _____	Range _____	Meridian _____	
<u>99</u>	<u>FSL</u>	<u>1834</u>	<u>FEL</u>
_____	_____	_____	_____
Twp <u>2N</u>	Range <u>67W</u>		
Twp _____	Range _____		
<u>2578</u>	<u>FSL</u>	<u>1834</u>	<u>FEL</u>
_____	_____	_____	_____

** 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 12/01/2017

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>DJ HZ OFFSET POLICY</u>	<input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases	

COMMENTS:

Steve Wolfe and Jacob Roland agreed that monitoring the BH pressure throughout the offset fracs would be a sufficient alternative mitigation – 09/29/2017.

Operator acknowledges the proximity of the listed wells. Operator assures that these offsets will be remediated per the DJ Basin Horizontal Offset Policy (option 4). Operator will submit a Form 42 (“OTHER- AS SPECIFIED BY PERMIT CONDITION”) stating that appropriate mitigation will be completed, during the hydraulic stimulation of this well. This Form 42 shall be filed 48 hours prior to stimulation. Surface and production casing pressures will be actively monitored during stimulation. Operator will assure that the offset well’s Bradenhead is monitored during the entire stimulation treatment – a Bradenhead test will be performed prior to the beginning of stimulation. If there is indication of communication between the stimulation treatment and the offset well, treatment will be stopped and COGCC Engineering notified.

Butterball 40C-34HZ 05-123-44319
 Butterball 40N-34HZ 05-123-44316
 Butterball 9N-34HZ 05-123-44318
 Butterball 24N2-34HZ 05-123-44317
 Butterball 24C-34HZ 05-123-44320
 Butterball 24N-34HZ 05-123-44315

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: CHERYL LIGHT
Title: SR REGULATORY ANALYST Email: DJREGULATORY@ANADARKO.COM Date: 10/20/2017

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

COGCC Approved: GARRISON, PENNY Date: 10/24/2017

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

	Operator acknowledges the proximity of the listed well. Operator assures that this offset will be remediated per the DJ Basin Horizontal Offset Policy (option 4). Operator will submit a Form 42 ("OTHER – AS SPECIFIED BY PERMIT CONDITION") stating that appropriate mitigation will be completed, during the hydraulic stimulation of this well. This Form 42 shall be filed 48 hours prior to stimulation. Operator will assure that the well's Bradenhead is open and monitored during the entire stimulation treatment – a person will monitor for any evidence of fluid, a Bradenhead test will be performed prior to the beginning of stimulation. HSR Matsushima 5-35A (API 05-123-19735)
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General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)

Attachment Check List

Att Doc Num	Name
401436067	SUNDRY NOTICE APPROVED-OTHER
401436071	CORRESPONDENCE
401438926	FORM 4 SUBMITTED

Total Attach: 3 Files