

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: 401494417			
Date Received:			

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: 26580 Contact Name Jennifer Dixon
 Name of Operator: BURLINGTON RESOURCES OIL & GAS LP Phone: (832) 486-3345
 Address: PO BOX 4289 Fax: ()
 City: FARMINGTON State: NM Zip: 87499 Email: jennifer.a.dixon@cop.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 001 10102 00 OGCC Facility ID Number: 453494
 Well/Facility Name: Big Sandy 3-65 36-31 Well/Facility Number: 1DH
 Location QtrQtr: NESE Section: 35 Township: 3S Range: 65W Meridian: 6
 County: ADAMS Field Name: WILDCAT
 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 39.746578 PDOP Reading 1.5 Date of Measurement 07/05/2017
 Longitude -104.623492 GPS Instrument Operator's Name Chad Meiers

LOCATION CHANGE (all measurements in Feet)

Well will be: HORIZONTAL (Vertical, Directional, Horizontal)

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

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

Current **Surface** Location **From** QtrQtr NESE Sec 35

New **Surface** Location **To** QtrQtr NESE Sec 35

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 36

New **Top of Productive Zone** Location **To** Sec 36

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

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

Current **Bottomhole** Location Sec 31 Twp 3S

New **Bottomhole** Location Sec 31 Twp 3S

Is location in High Density Area? No

Distance, in feet, to nearest building 1487, public road: 456, above ground utility: 493, railroad: 735,
 property line: 465, lease line: 465, well in same formation: 317

Ground Elevation 5526 feet Surface owner consultation date _____

FNL/FSL		FEL/FWL	
<u>2465</u>	<u>FSL</u>	<u>465</u>	<u>FEL</u>
<u>2465</u>	<u>FSL</u>	<u>465</u>	<u>FEL</u>
Twp <u>3S</u>	Range <u>65W</u>	Meridian <u>6</u>	
Twp <u>3S</u>	Range <u>65W</u>	Meridian <u>6</u>	
<u>2167</u>	<u>FNL</u>	<u>460</u>	<u>FWL</u>
<u>1850</u>	<u>FNL</u>	<u>460</u>	<u>FWL</u> **
Twp <u>3S</u>	Range <u>65W</u>		
Twp <u>3S</u>	Range <u>65W</u>		
<u>2192</u>	<u>FNL</u>	<u>2451</u>	<u>FWL</u>
<u>1874</u>	<u>FNL</u>	<u>325</u>	<u>FWL</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 01/12/2018

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 checked="" 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 type="checkbox"/> Other _____	<input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases	

COMMENTS:

Burlington Resources respectfully requests a lateral shift 318' to the North and to extend the wellbore East to 325' FEL. This will prevent the operator from unnecessarily stranding minerals in the unit due to the federal mineral tract that runs through the East of section 31.

The wellbore will not be completed within 460' of the unit setback.

Surface hole location will not change.

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
Conductor Casing	24				16				65	0	100		100	0
Surface String	12	1		4	9	5		8	36	0	2024	560	2024	0
First String	8	1		2	5	1		2	23	0	18321	2300	18321	2024

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:

Best Management Practices

No BMP/COA Type

Description

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: Jennifer Dixon

Title: Regulatory Coordinator Email: jennifer.a.dixon@cop.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:

<u>COA Type</u>	<u>Description</u>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401494419	DIRECTIONAL DATA
401494420	DEVIATED DRILLING PLAN
401494421	WELL LOCATION PLAT

Total Attach: 3 Files