

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 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 19885 00 OGCC Facility ID Number: 256535
 Well/Facility Name: COSSLETT HEIRS UU Well/Facility Number: 1-5JI
 Location QtrQtr: SWNW Section: 1 Township: 1N Range: 68W 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	
2040	FNL	629	FWL

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

Current **Surface** Location **From** QtrQtr SWNW Sec 1 Twp 1N Range 68W Meridian 6
 New **Surface** Location **To** QtrQtr _____ Sec _____ Twp _____ Range _____ Meridian _____

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

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

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

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 04/04/2018

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 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. Well needs a single stage fox hills squeeze from 1215' - 735' to cover aquifers, packer, and WH change.
2. Well has gyro survey on 11/22/2014.
3. MIRU Slickline. Pull production equipment and tag bottom. Record tag depth in OpenWells. RD Slickline.
4. Prepare location for base beam equipped rig. Install perimeter fence as needed. Evaluate location for enclosed flare or open-top tanks as described in "Flaring During P&A Operations" SOP on file with COGCC.
5. Check and record bradenhead pressure. If bradenhead valve is not accessible, re-plumb so that valve is above GL. Blow down bradenhead and re-check pressure the next day. Repeat until pressure stays at 0 psi.
6. MIRU WO rig.
7. Kill well as necessary with biocide treated freshwater. ND WH, NU BOP.
8. PU 8-10' pup joint with TIW valve on top and screw into the tbq hanger. Unseat and LD the landing joint.
9. MIRU EMI services. EMI 2-3/8" tbq (landed at 8064') while TOOOh and tally while standing back. Lay down joints that have greater than 35% penetration or wall loss. Replace all joints that fail EMI testing. Document joint numbers and depth of bad tubing and create a Production Equipment Failure report in OpenWells. RDMO EMI services.
10. MIRU WL. PU and RIH with (4.5", 11.6#) Gauge Ring to 7240'. POOH.
11. PU and RIH with (4.5", 11.6#) CIBP. Set CIBP at +/- 7000'. POOH. RDMO WL.
12. Pumping biocide treated fresh water, circulate gas out, pressure test CIBP and production casing to 1000 psi for 15 minutes. If test fails, contact Engineering.
13. PU and RIH with one 1' 3-1/8" perf gun with 3 spf, 0.5" EHD, 120° phasing. Shoot 1' of squeeze holes at 1215'. POOH. RDMO WL.
14. PU and TIH with (4.5", 11.6#) CICR on 2-3/8" tbq while hydrotesting to 4000 psi and set at +/- 1185'. Establish circulation through squeeze holes with biocide treated freshwater and circulate a minimum of 150 bbls through squeeze holes. Max pressure with water shall be 500 psi.
15. MIRU Cementing. Establish circulation and pump 20 bbls (5 bbls of water, 10 bbls of sodium silicate, and 5 bbls water) spacer, 240 sx Fox Hills Squeeze cement (276 cf, 49.2 bbls) 14 ppg, 1.15 yld. Underdisplace by 1 bbl. Calculations based on 426' in the annulus between 7.88" hole and 4.5" casing with 100% excess and 30' below CICR inside production casing and 1 bbl on top of CICR. Attempt to cement from 1215' to 585'. Max pressure with full column of cement shall be 340 psi.
16. PUH to 1000' and reverse circulate tbq clean to ensure no cement is left in tbq. TOOOh, SB all tbq. LD stinger. WOC 24 hours.
17. PU and TIH with 3-7/8" bit and appropriate number of 3-1/2" drill collars on 2-3/8" tbq. Time drill cement above CICR (~65'). If ROP is faster than 2 min/ft, SD and WOC 24 hours and repeat. Drill down to CICR located at +/- 1185'. Drill CICR and cement past lower perf at 1215' and pressure test to 500 psi for 5 minutes.
18. TOOOh and SB tbq, LD drill collars, LD bit.
19. MIRU WL and run CCL-GR-CBL-VDL from +/-2000' to surface. RDMO WL. In addition to normal handling, of logs/job summaries, email copies of all cement job logs/job summaries and invoices to DJVendors@anadarko.com within 24 hours of the completion of the job.
20. PU and TIH with bit on 2-3/8" tbq. Drillout CIBP at +/- 7000' and chase down to 8273'.
21. TOOOh. SB all tbq. LD bit.
22. PU 2-3/8" NC, 2-3/8" XN nipple, ~29 jts of 2-3/8" tbq (to set packer at 7230' and land tubing at 8144'), 4-1/2" Arrowset AS-1X packer (10k rated above and below), and 2-3/8" 4.7# J-55 tbq to surface.
23. Set packer at +/- 7230'. Load backside with packer fluid and test to 500 psi.
24. RU rig lubricator. Broach tubing to XN seating nipple. RD rig lubricator. ND BOP.

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:

25. Install 7-1/16" flanged 5000 psi tubing head adaptor with studded top, 2-1/16" flanged 5000 psi master valve, flanged 5000 psi 2-1/16" plunger lubricator (side outlets threaded). Make sure all wellhead valves are rated to 5,000 psi and all nipples are XXH. Document wellhead components in an OpenWells wellhead report.
26. Install 2-1/16" pup joint above the master valve. Pressure test the tubing head from below the tubing head through the master valve to 5,000 psi using hydrotester. If wellhead does not pressure test, replace wellhead/wellhead valves as necessary with 5,000 psi rated equipment.
27. NU WH. RDMO WO rig. Return well to production team.

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: Staff Regulatory Analyst Email: DJREGULATORY@ANADARKO.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>
401589890	OTHER
401589891	WELLBORE DIAGRAM

Total Attach: 2 Files