

**State of Colorado  
Oil and Gas Conservation Commission**

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DE	ET	OE	ES
Document Number: <b>401634892</b>			
Date Received: <b>05/09/2018</b>			

**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 KRISTINA GENO  
 Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6824  
 Address: P O BOX 173779 Fax: ( )  
 City: DENVER State: CO Zip: 80217-3779 Email: kristina.geno@anadarko.com

Complete the Attachment  
Checklist

OP OGCC

API Number : 05- 123 45916 00 OGCC Facility ID Number: 453096  
 Well/Facility Name: AZUL Well/Facility Number: 13-1HZ  
 Location QtrQtr: SWSW Section: 13 Township: 1N Range: 66W 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 SWSW Sec 13

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 24

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 24 Twp 1N Range 66W

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 \_\_\_\_\_

FNL/FSL		FEL/FWL	
<input type="text" value="921"/>	<input type="text" value="FSL"/>	<input type="text" value="1159"/>	<input type="text" value="FWL"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Twp <input type="text" value="1N"/>	Range <input type="text" value="66W"/>	Meridian <input type="text" value="6"/>	
Twp <input type="text"/>	Range <input type="text"/>	Meridian <input type="text"/>	
<input type="text" value="50"/>	<input type="text" value="FNL"/>	<input type="text" value="126"/>	<input type="text" value="FWL"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="**"/>
Twp <input type="text" value="1N"/>	Range <input type="text" value="66W"/>		
Twp <input type="text"/>	Range <input type="text"/>		
<input type="text" value="468"/>	<input type="text" value="FSL"/>	<input type="text" value="127"/>	<input type="text" value="FWL"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="**"/>

\*\* 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 \_\_\_\_\_

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

COMMENTS:

**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:

<b><u>Best Management Practices</u></b>		
<b><u>No</u></b>	<b><u>BMP/COA Type</u></b>	<b><u>Description</u></b>

**Operator Comments:**

Per the permit COA requirements for the Azul 13-13HZ pad, Kerr-McGee is required to perform offset mitigation option 1 or 2 for the ELLIOTT-CRONIN 1 (05-123-08008) well due to its proximity to the offset completions that will take place on the Azul 13-13 pad wells. Per correspondence with COGCC Engineer Diane McCoy on April 17th, 2018, Kerr-McGee requests the option to mitigate the well using option 4 as outlined in the Interim Statewide Horizontal Offset Policy dated February 10, 2014. As discussed with COGCC, Kerr-McGee would like to keep the surface casing open and monitor during completions as opposed to the requirement to add additional cement to the well. Per a CBL run on April 17th, the well depicts adequate cement coverage in the surface casing, which would eliminate the need for an upper squeeze on the well.

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

Signed: \_\_\_\_\_ Print Name: KRISTINA GENO  
Title: REGULATORY ANALYST Email: kristina.geno@anadarko.com Date: 5/9/2018

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

COGCC Approved: McCoy, Diane Date: 10/15/2018

**CONDITIONS OF APPROVAL, IF ANY:**

**COA Type**

**Description**

	Operator assures that this offset well will be remediated per the DJ Basin Horizontal Offset Policy (option 4). Operator will submit a Form 42 ("OFFSET MITIGATION COMPLETED") stating that appropriate mitigation will be completed, during the hydraulic stimulation of the Azul 13-13 pad wells. This Form 42 shall be filed 48 hours prior to stimulation. Operator will equip wellbore with a 5,000 psi wellhead and set a downhole plug above the Niobrara formation top and monitor casing (surface and production) pressures during the entire stimulation treatment. A Bradenhead test will be performed prior to the beginning of stimulation of the Azul pad and the Form 17 submitted within 10 days of the test.
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**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	A task has been opened for Engineering to review this document.	08/09/2018

Total: 1 comment(s)

**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>
401634892	SUNDRY NOTICE APPROVED
401634984	CORRESPONDENCE
401795998	FORM 4 SUBMITTED

Total Attach: 3 Files