

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

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
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DE	ET	OE	ES
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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@oxy.com

Complete the Attachment  
Checklist

OP OGCC

API Number : 05- 123 49760 00 OGCC Facility ID Number: 462272  
Well/Facility Name: MC Well/Facility Number: 3-3HZ  
Location QtrQtr: NWSW Section: 3 Township: 1N Range: 68W 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 NWSW Sec 3

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 4

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 16 Twp 1N

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>1427</u>	<u>FSL</u>	<u>312</u>	<u>FWL</u>
_____	_____	_____	_____
Twp <u>1N</u>	Range <u>68W</u>	Meridian <u>6</u>	
Twp _____	Range _____	Meridian _____	
<u>605</u>	<u>FSL</u>	<u>1681</u>	<u>FEL</u>
_____	_____	_____	_____
Twp <u>1N</u>	Range <u>68W</u>		
Twp _____	Range _____		
<u>50</u>	<u>FSL</u>	<u>1625</u>	<u>FEL</u>
_____	_____	_____	_____
			**

\*\* attach deviated drilling plan

**CHANGE OR ADD OBJECTIVE FORMATION AND/OR SPACING UNIT**

<u>Objective Formation</u>	<u>Formation Code</u>	<u>Spacing Order Number</u>	<u>Unit Acreage</u>	<u>Unit Configuration</u>

**OTHER CHANGES**

☐ **REMOVE FROM SURFACE BOND** Signed surface use agreement is a required attachment

☐ **CHANGE OF WELL, FACILITY OR OIL & GAS LOCATION NAME OR NUMBER**

From: Name MC Number 3-3HZ Effective Date: \_\_\_\_\_

To: Name \_\_\_\_\_ Number \_\_\_\_\_

☐ **ABANDON PERMIT: Permit can only be abandoned if the permitted operation has NOT been conducted. Field inspection will be conducted to verify site status.**

☐ WELL: Abandon Application for Permit-to-Drill (Form2) – Well API Number \_\_\_\_\_ has not been drilled.

☐ PIT: Abandon Earthen Pit Permit (Form 15) – COGCC Pit Facility ID Number \_\_\_\_\_ has not been constructed (Permitted and constructed pit requires closure per Rule 905)

☐ CENTRALIZED E&P WASTE MANAGEMENT FACILITY: Abandon Centralized E&P Waste Management Facility Permit (Form 28) – Facility ID Number \_\_\_\_\_ has not been constructed (Constructed facility requires closure per Rule 908)

OIL & GAS LOCATION ID Number: \_\_\_\_\_

☐ Abandon Oil & Gas Location Assessment (Form 2A) – Location has not been constructed and site will not be used in the future.

☐ Keep Oil & Gas Location Assessment (Form 2A) active until expiration date. This site will be used in the future.

**Surface disturbance from Oil and Gas Operations must be reclaimed per Rule 1003 and Rule 1004.**

☐ **REQUEST FOR CONFIDENTIAL STATUS**

☐ **DIGITAL WELL LOG UPLOAD**

☐ **DOCUMENTS SUBMITTED** Purpose of Submission: \_\_\_\_\_

**RECLAMATION****INTERIM RECLAMATION**

☐ Interim Reclamation will commence approximately \_\_\_\_\_

Per Rule 1003.e.(3) operator shall submit Sundry Notice reporting interim reclamation is complete and site is ready for inspection when vegetation reaches 80% coverage.

☐ Interim reclamation complete, site ready for inspection.

Per Rule 1003.e(3) describe interim reclamation procedure in Comments below or provide as an attachment and attach required location photographs.

**Field inspection will be conducted to document Rule 1003.e. compliance**

**FINAL RECLAMATION**

☐ Final Reclamation will commence approximately \_\_\_\_\_

Per Rule 1004.c.(4) operator shall submit Sundry Notice reporting final reclamation is complete and site is ready for inspection when vegetation reaches 80% coverage.

☐ Final reclamation complete, site ready for inspection. Per Rule 1004.c(4) describe final reclamation procedure in Comments below or provide as an attachment.

**Field inspection will be conducted to document Rule 1004.c. compliance**

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 08/21/2019

☐ 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:

Well Restoration Information: Currently, we have an overtorqued casing collar located at 27.5' MD (bottom of mandrel hanger and top of 5.5" 17 ppf pup joint below) with a minimum ID of 4.54". We plan to cut casing at 50' MD in order to unland then pull out the casing joints (overtorqued collar included). We will then back off the casing joint at 96' MD. After this is complete and the joint pulled out of hole, we will run new casing from surface to 96' MD and land casing in slips. We plan to reinstall the tubing head and primary master valve before testing the casing to 8600 psi.

1. MIRU WL to set plug at 7339' MD.
2. Pressure test casing/plug to 2000 psi.
3. RIH with dump bailer and spot 13.25' of cement 2' above plug.
4. MIRU WO Rig, RD Primary Master Valve and tubing head.
5. NU BOPs consisting of all 5K 11" equipment.
6. Test BOPs to 250 psi low and 5000 psi high.
7. RIH with Internal cutters and cut casing at 50' MD. POOH
8. PU and screw into the 5-1/2" casing hanger.
9. PU on landing joint to confirm cut, POOH casing mandrel and cut casing.
10. RIH with 5-1/2" overshot and latch onto casing fish neck.
11. MIRU WL with 5K lubricator and RIH with string shot to 96' MD.
12. Back off 5-1/2" Casing at 96' MD.
13. POOH with fish and LD.
14. PU new 5-1/2" 17 ppf HC-P110 LTC casing.
15. RIH to top of 5-1/2" casing box and work down left hand torque until jump in pipe seen.
16. Work in right hand torque counting rotations. Torque casing to Optimum Torque.
17. RU casing swedge to 5-1/2" casing and pressure test casing to 8600 psi for 30 min.
18. RD 5K 11" BOPS.
19. Land 5-1/2" casing in slips once successful pressure test confirmed.
20. Install tubing head and 7-1/16" 10K primary master valve.
21. Pressure test casing, tubing head, and primary master valve to 8600 psi for 30 min.
22. RDMO Workover rig.

**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:

### **Best Management Practices**

**No BMP/COA Type**

**Description**

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**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: CHERYL LIGHT  
Title: Staff Regulatory Analyst Email: DJREGULATORY@ANADARKO.COM Date: 8/19/2019

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

COGCC Approved: Jacobson, Eric Date: 8/21/2019

**CONDITIONS OF APPROVAL, IF ANY:**

<u>COA Type</u>	<u>Description</u>
	Operator to pressure test casing and provide documentation with the follow up sundry.
	Operator shall implement measures to control venting, to protect health and safety, and to ensure that vapors and odors from well plugging operations do not constitute a nuisance or hazard to public welfare.

**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>
402149563	SUNDRY NOTICE APPROVED-REPAIR
402149570	OTHER
402149575	WELLBORE DIAGRAM
402151812	FORM 4 SUBMITTED

Total Attach: 4 Files