

**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:

FNL/FSL	FEL/FWL
1427 FSL	312 FWL

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

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Current **Surface** Location **From** QtrQtr NWSW Sec 3

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:

605 FSL	1681 FEL
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Change of **Top of Productive Zone** Footage **To** Exterior Section Lines:

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Current **Top of Productive Zone** Location **From** Sec 4

Twp 1N Range 68W

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

Twp _____ Range _____

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

50 FSL	1625 FEL
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Change of **Bottomhole** Footage **To** Exterior Section Lines:

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Current **Bottomhole** Location Sec 16 Twp 1N Range 68W

** 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 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:

[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: 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