

**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:<br><b>402307164</b> |    |    |    |
| Date Received:<br><b>02/10/2020</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 MIKE WARDINSKY  
 Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 9293758  
 Address: P O BOX 173779 Fax: ( )  
 City: DENVER State: CO Zip: 80217-3779 Email: MIKE\_WARDINSKY@OXY.COM

Complete the Attachment  
Checklist

OP OGCC

API Number : 05- 123 23351 00 OGCC Facility ID Number: 281205  
 Well/Facility Name: SEATON Well/Facility Number: 2-18  
 Location QtrQtr: NWNE Section: 18 Township: 2N Range: 65W 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 \_\_\_\_\_ GPS Quality Value: \_\_\_\_\_ Type of GPS Quality Value: PDOP Measurement Date: \_\_\_\_\_  
 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     |     |
| <u>470</u> | FNL | <u>1790</u> | FEL |

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

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

Current **Surface** Location **From** QtrQtr NWNE Sec 18

|               |                  |                   |
|---------------|------------------|-------------------|
| Twp <u>2N</u> | Range <u>65W</u> | Meridian <u>6</u> |
|---------------|------------------|-------------------|

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 02/10/2020

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

COMMENTS:

Annual Form 17 pressure greater than COGCC Order 1-232 threshold (Form 17 date 09/18/19). Pressure 100psi<X<0.3psi/ft will be mitigated with blowdowns once every other week, to determine next steps, for 6 months.

**CASING AND CEMENTING CHANGES**

**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:

[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: JENNA FREDERICK  
Title: REGULATORY TECH Email: JENNA\_FREDERICK@OXY.COM Date: 2/10/2020

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: 8/10/2020

**CONDITIONS OF APPROVAL, IF ANY:**

| <u>COA Type</u> | <u>Description</u>  |
|-----------------|---|
|                 | 1. Operator shall implement measures to control venting, to protect health and safety, and to ensure that vapors and odors from well operations do not constitute a nuisance or hazard to public welfare.<br>2. Prior to starting bradenhead mitigation, if a sample has not been collected within the last twelve months collect bradenhead and production gas samples for laboratory analysis. Sampling shall comply with Operator Guidance - Bradenhead Testing and Reporting Instructions, Appendix A: Liquid and Gas Sampling. Copies of all final laboratory analytical results shall be provided to the COGCC within three months of collecting the samples.<br>3. Operator shall implement measures to get an initial estimate of the gas flow rate and/or volume from the bradenhead. During the shut-in period record pressure data to adequately characterize the build-up.<br>4. This mitigation plan may be used until October 1, 2020, then conduct a new bradenhead test and submit the Form 17 within ten days of the test and submit a Form 4 Sundry no later than October 31, 2020, that summarizes current well condition. The sundry should include details of the future plans, sample analysis interpretation, and the flow rate information and pressure data. |

**General Comments**

| <u>User Group</u> | <u>Comment</u>   | <u>Comment Date</u> |
|-------------------|--|---------------------|
| Engineer          | Form 17 test data submitted via Bulk Upload. Initial Bradenhead pressure 136 psig, blew down to 16 psig. Revised operator's comments per email from operator. Deepest water well within one mile = 875'<br>DWR's aquifer determination tool base of Laramie-Fox Hills = 750' | 04/29/2020          |

Total: 1 comment(s)

**Attachment Check List**

| <u>Att Doc Num</u> | <u>Name</u>                  |
|--------------------|------------------------------|
| 402307164          | SUNDRY NOTICE APPROVED-OTHER |
| 402462794          | FORM 4 SUBMITTED             |

Total Attach: 2 Files