

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
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Date Received:			

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) 9296000
 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 23191 00 OGCC Facility ID Number: 279473
 Well/Facility Name: LOVELAND Well/Facility Number: 2-3
 Location QtrQtr: SWNE Section: 3 Township: 4N Range: 67W 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: _____ Measurement Date: _____
 Longitude _____

LOCATION CHANGE (all measurements in Feet)

Well will be: _____ (Vertical, Directional, Horizontal)

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

FNL/FSL		FEL/FWL	
2166	FNL	1972	FEL

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

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

Twp 4N Range 67W Meridian 6

New **Surface** Location **To** QtrQtr _____ Sec _____

Twp _____ Range _____ Meridian _____

Change of **Top of Productive Zone** Footage **From** Exterior Section Lines:

660	FNL	2000	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 3

Twp 4N Range 67W

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

Twp _____ Range _____

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

660	FNL	2000	FEL
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Change of **Bottomhole** Footage **To** Exterior Section Lines:

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Current **Bottomhole** Location Sec 3 Twp 4N Range 67W

** 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 _____

REPORT OF WORK DONE Date Work Completed 10/15/2020

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

COMMENTS:

FORM 17 BRADENHEAD PRESSURE OF 38PSI ON (10/15/20) WAS LESS THAN THE ACTION THRESHOLD, PRODUCED LIQUID. WELL WILL BE PRIORITIZED FOR P&A IN 2022 AND IS BEING MONITORED PER ORDER 1-232 AND RULE 341. A MONITORING SUMMARY WILL BE SUBMITTED ON A FORM 4 AFTER 12MO AND AFTER P&A

CASING PROGRAM

(No Casing Provided)

POTENTIAL FLOW AND CONFINING FORMATIONS

(No Casing Provided)

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.):

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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:

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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: MIKE WARDINSKY

Title: REGULATORY ENG Email: MIKE_WARDINSKY@OXY.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:

COA Type

Description

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General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)

Attachment Check List

Att Doc Num

Name

402569256	ANALYTICAL RESULTS
402569257	OPERATIONS SUMMARY

Total Attach: 2 Files