

**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: <b>402570392</b>			
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 24376 00 OGCC Facility ID Number: 287597  
 Well/Facility Name: FRANK Well/Facility Number: 20-31  
 Location QtrQtr: SESE Section: 31 Township: 4N Range: 67W Meridian: 6  
 County: WELD Field Name: WATTENBERG  
 Federal, Indian or State Lease Number: \_\_\_\_\_

Survey Plat		
Directional Survey		
Srfc 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	
<u>1320</u>	<u>FSL</u>	<u>1092</u>	<u>FEL</u>

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

Current **Surface** Location **From** QtrQtr SESE Sec 31 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:


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

Current **Top of Productive Zone** Location **From** Sec \_\_\_\_\_

Twp _____	Range _____
Twp _____	Range _____

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 \_\_\_\_\_ Twp \_\_\_\_\_

Range _____	** attach deviated drilling plan
Range _____	

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 \_\_\_\_\_



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 11/24/2020

- Intent to Recomplete (Form 2 also required)
- Change Drilling Plan
- Gross Interval Change
- Bradenhead Plan
- Other \_\_\_\_\_
- Request to Vent or Flare
- Repair Well
- Rule 502 variance requested. Must provide detailed info regarding request.
- Status Update/Change of Remediation Plans for Spills and Releases
- E&P Waste Mangement Plan
- Beneficial Reuse of E&P Waste

COMMENTS:

FORM 17 BRADENHEAD PRESSURE OF 220PSI ON (11/24/20) EXCEEDED THE ACTION THRESHOLD. PRESSURE WILL BE MANAGED WITH BLOWDOWNS OR ABATED WITH CATALYTIC DEVICE. WELL WILL BE PRIORITIZED FOR P&A IN 2021. A PRESSURE MANAGEMENT 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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<b>Best Management Practices</b>		
<b>No</b>	<b>BMP/COA Type</b>	<b>Description</b>

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:**

<b>COA Type</b>	<b>Description</b>

**General Comments**

<b>User Group</b>	<b>Comment</b>	<b>Comment Date</b>
		Stamp Upon Approval

Total: 0 comment(s)

**Attachment Check List**

<b>Att Doc Num</b>	<b>Name</b>
402570393	ANALYTICAL RESULTS
402570395	OPERATIONS SUMMARY

Total Attach: 2 Files