

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

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



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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 KRISTINA GENO
 Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6824
 Address: P O BOX 173779 Fax: ()
 City: DENVER State: CO Zip: 80217-3779 Email: kristina_geno@oxy.com

Complete the Attachment Checklist

OP OGCC

API Number : 05- 123 21896 00 OGCC Facility ID Number: 270467
 Well/Facility Name: ZABKA Well/Facility Number: 11-15
 Location QtrQtr: NESW Section: 15 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:

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

Current **Surface** Location **From** QtrQtr NESW Sec 15

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 _____

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 _____

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	
1994	FSL	1987	FWL
Twp <u>4N</u>	Range <u>67W</u>	Meridian <u>6</u>	
Twp _____	Range _____	Meridian _____	
			**
Twp _____	Range _____		
Twp _____	Range _____		
			**

** attach deviated drilling plan

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 01/14/2021

REPORT OF WORK DONE Date Work Completed _____

- Intent to Recomplete (Form 2 also required)
 - Change Drilling Plan
 - Gross Interval Change
 - Bradenhead Plan
 - 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
- Other TEMPORARILY ABANDON

COMMENTS:

KERR-MCGEE OIL & GAS, LP RESPECTFULLY REQUESTS TO TEMPORARILY ABANDON THE SUBJECT WELL. WELL IS SHUT IN FOR HZ SAFETY PREP FOR THE THREE POINT PAD SCHEDULED FOR COMPLETION IN 4/2022. A 4.5, 10K CIBP SET AT 6,850' WITH 2 SACKS OF CEMENT ON TOP ON 3/17/2020. TA STATUS PROVIDED VIA DOWN-HOLE PLUG AND SURFACE ISOLATION PROVIDED VIA CLOSED MASTER VALVE. CIBP AND CASING PRESSURE-TESTED TO 1,000 PSI FOR 15 MINUTES. GOOD TEST. FUTURE PLAN ARE TO P&A THIS WELL IN Q1 2022. PLEASE SEE OPERATION SUMMARY FOR DETAIL.

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

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: KRISTINA GENO
Title: REGULATORY ANALYST Email: kristina_geno@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

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)

Attachment List

Att Doc Num	Name
402575368	OPERATIONS SUMMARY
402576838	OPERATIONS SUMMARY

Total Attach: 2 Files