

**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>402650483</b>			
Date Received: <b>04/06/2021</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: 100322 Contact Name Ryan Sokolowski  
 Name of Operator: NOBLE ENERGY INC Phone: (303) 5012477  
 Address: 1001 NOBLE ENERGY WAY Fax: ( )  
 City: HOUSTON State: TX Zip: 77070 Email: ryan.sokolowski@chevron.com

Complete the Attachment  
Checklist

OP OGCC

API Number : 05- 123 17732 00 OGCC Facility ID Number: 249929  
 Well/Facility Name: LOCKMAN Well/Facility Number: 10-914  
 Location QtrQtr: NESE Section: 10 Township: 4N Range: 64W Meridian: 6  
 County: WELD Field Name: WATTENBERG  
 Federal, Indian or State Lease Number: 67132

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	
1952	FSL	845	FEL

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

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Current **Surface** Location **From** QtrQtr NESE Sec 10

Twp <u>4N</u>	Range <u>64W</u>	Meridian <u>6</u>
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New **Surface** Location **To** QtrQtr \_\_\_\_\_ Sec \_\_\_\_\_

Twp _____	Range _____	Meridian _____
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Change of **Top of Productive Zone** Footage **From** Exterior Section Lines:

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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 \_\_\_\_\_

Twp _____	Range _____
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New **Top of Productive Zone** Location **To** Sec \_\_\_\_\_

Twp _____	Range _____
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Change of **Bottomhole** Footage **From** Exterior Section Lines:

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

			**
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Current **Bottomhole** Location Sec \_\_\_\_\_ Twp \_\_\_\_\_

Range _____	** attach deviated drilling plan
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New **Bottomhole** Location Sec \_\_\_\_\_ Twp \_\_\_\_\_

Range _____
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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 04/06/2021

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

**COMMENTS:**

On 3/8/2021, a Form 17 was complete with a beginning pressure of 6 psi and an ending pressure of 0 psi. Oil was present at the beginning of the test but was not continuous. An oil sample was collected during the Form 17, those results will be submitted once the lab has finished their analysis. Since there was oil at the start of the Form 17, we are electing to plug this well by 9/8/2021. We will continue to monitor and blow down as necessary until the well has been plugged.

**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.):

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:

<b><u>Best Management Practices</u></b>		
<b><u>No</u></b>	<b><u>BMP/COA Type</u></b>	<b><u>Description</u></b>

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: Ryan Sokolowski  
Title: Regulatory Analyst Email: ryan.sokolowski@chevron.com Date: 4/6/2021

Based on the information provided herein, this Sundry Notice (Form 4) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: McFarland, Nick Date: 4/13/2021

**CONDITIONS OF APPROVAL, IF ANY:**

**Condition of Approval**

**COA Type**

**Description**

	<p>1. Operator will 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.</p> <p>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 will comply with Operator Guidance - Bradenhead Testing and Reporting Instructions, Appendix A: Liquid and Gas Sampling. Copies of all final laboratory analytical results will be provided to the COGCC within three months of collecting the samples.</p> <p>3. Operator will 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. This mitigation plan may be used for six consecutive months from the date test reported on the Form 17.</p> <p>4. By 9/8/2021 this well must be plugged and a final form 4 sundry submitted. The sundry should include details of the sample analysis interpretation, and the flow rate information and pressure data for mitigation performed prior to plugging.</p> <p>Shut in bradenhead pressure shall not exceed 50 psig.</p>
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1 COA

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Engineer	3/8/21 - BH test 6 psi w/ oil flow.	04/13/2021
Total: 1 comment(s)		

**Attachment List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
402650483	SUNDRY NOTICE APPROVED
402657405	FORM 4 SUBMITTED
Total Attach: 2 Files	