

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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DE	ET	OE	ES
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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: 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 15406 00 OGCC Facility ID Number: 247609
 Well/Facility Name: HSR-SCARPULLA Well/Facility Number: 3-17
 Location QtrQtr: NENW Section: 17 Township: 4N Range: 65W Meridian: 6
 County: WELD Field Name: WATTENBERG
 Federal, Indian or State Lease Number: 67692

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:

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

Current Surface Location From	QtrQtr	<input type="text" value="NENW"/>	Sec	<input type="text" value="17"/>	Twp	<input type="text" value="4N"/>	Range	<input type="text" value="65W"/>	Meridian	<input type="text" value="6"/>
New Surface Location To	QtrQtr	<input type="text"/>	Sec	<input type="text"/>	Twp	<input type="text"/>	Range	<input type="text"/>	Meridian	<input type="text"/>

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	<input type="text"/>	Twp	<input type="text"/>	Range	<input type="text"/>
New Top of Productive Zone Location To	Sec	<input type="text"/>	Twp	<input type="text"/>	Range	<input type="text"/>

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

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

Current Bottomhole Location	Sec	<input type="text"/>	Twp	<input type="text"/>	Range	<input type="text"/>	** attach deviated drilling plan
New Bottomhole Location	Sec	<input type="text"/>	Twp	<input type="text"/>	Range	<input type="text"/>	

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 04/28/2021

REPORT OF WORK DONE Date Work Completed _____

- 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:

On 3/10/2021, a Form 17 was completed with a beginning pressure of 1 psi and an ending pressure of 0 psi. Gas was present at the beginning of the test but was not continuous. Due to this well not having full surface casing isolation of the Fox Hills, we would like to add this well to our Abatement program. We will install automation, monitor, and blow down as needed for a period of 6 months, ending 9/10/2021. No mitigation measures have occurred to date, the blow downs will begin after email communication with the COGCC engineer

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:

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

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: 4/28/2021

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: 5/11/2021

CONDITIONS OF APPROVAL, IF ANY:

Condition of Approval

COA Type

Description

1 COA	<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. At the conclusion of the six months (9/10/21), conduct a new bradenhead test and submit the Form 17 within ten days of the test and submit a Form 4 Sundry 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.</p> <p>Shut in bradenhead pressure shall not exceed 50 psig.</p>
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General Comments

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

Total: 0 comment(s)

Attachment List

<u>Att Doc Num</u>	<u>Name</u>
402674158	SUNDRY NOTICE APPROVED
402685306	FORM 4 SUBMITTED

Total Attach: 2 Files