

State of Colorado
Oil and Gas Conservation Commission

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DE	ET	OE	ES
Document Number: <u>402736580</u>			
Date Received: <u>07/01/2021</u>			

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: <u>69175</u>	Contact Name <u>Jenifer Hakkarinen</u>
Name of Operator: <u>PDC ENERGY INC</u>	Phone: <u>(303) 8605800</u>
Address: <u>1775 SHERMAN STREET - STE 3000</u>	Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u>	Email: <u>Jenifer.Hakkarinen@pdce.com</u>

API Number : <u>05-</u> <u>123</u> <u>49583</u> <u>00</u>	OGCC Facility ID Number: <u>461210</u>
Well/Facility Name: <u>Huron</u>	Well/Facility Number: <u>3N</u>
Location QtrQtr: <u>SESE</u> Section: <u>22</u> Township: <u>5N</u> Range: <u>64W</u> Meridian: <u>6</u>	
County: <u>WELD</u> Field Name: <u>WATTENBERG</u>	
Federal, Indian or State Lease Number: <u></u>	

Complete the Attachment
Checklist

OP OGCC

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 SESE Sec 22

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 22

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 34 Twp 5N

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	
<u>350</u>	<u>FSL</u>	<u>526</u>	<u>FEL</u>
<u></u>	<u></u>	<u></u>	<u></u>
Twp <u>5N</u>	Range <u>64W</u>	Meridian <u>6</u>	
Twp <u></u>	Range <u></u>	Meridian <u></u>	
<u>723</u>	<u>FSL</u>	<u>513</u>	<u>FEL</u>
<u></u>	<u></u>	<u></u>	<u></u>
Twp <u>5N</u>	Range <u>64W</u>		
Twp <u></u>	Range <u></u>		
<u>367</u>	<u>FNL</u>	<u>514</u>	<u>FEL</u>
<u></u>	<u></u>	<u></u>	<u></u>
Twp <u>5N</u>	Range <u>64W</u>		
Twp <u></u>	Range <u></u>		

**

**

** attach deviated drilling plan

CHANGE OR ADD OBJECTIVE FORMATION AND/OR SPACING UNIT

<u>Objective Formation</u>	<u>Formation Code</u>	<u>Spacing Order Number</u>	<u>Unit Acreage</u>	<u>Unit Configuration</u>

OTHER CHANGES

☐ **REMOVE FROM SURFACE BOND** Signed surface use agreement is a required attachment

☐ **CHANGE OF WELL, FACILITY OR OIL & GAS LOCATION NAME OR NUMBER**

From: Name HURON Number 3N Effective Date: _____

To: Name _____ Number _____

☐ **ABANDON PERMIT: Permit can only be abandoned if the permitted operation has NOT been conducted. Field inspection will be conducted to verify site status.**

☐ WELL: Abandon Application for Permit-to-Drill (Form2) – Well API Number _____ has not been drilled.

☐ PIT: Abandon Earthen Pit Permit (Form 15) – COGCC Pit Facility ID Number _____ has not been constructed (Permitted and constructed pit requires closure per Rule 905)

☐ CENTRALIZED E&P WASTE MANAGEMENT FACILITY: Abandon Centralized E&P Waste Management Facility Permit (Form 28) – Facility ID Number _____ has not been constructed (Constructed facility requires closure per Rule 908)

OIL & GAS LOCATION ID Number: _____

☐ Abandon Oil & Gas Location Assessment (Form 2A) – Location has not been constructed and site will not be used in the future.

☐ Keep Oil & Gas Location Assessment (Form 2A) active until expiration date. This site will be used in the future.

Surface disturbance from Oil and Gas Operations must be reclaimed per Rule 1003 and Rule 1004.

☐ **REQUEST FOR CONFIDENTIAL STATUS**

☐ **DIGITAL WELL LOG UPLOAD**

☐ **DOCUMENTS SUBMITTED** Purpose of Submission: _____

RECLAMATION**INTERIM RECLAMATION**

☐ Interim Reclamation will commence approximately _____

Per Rule 1003.e.(3) operator shall submit Sundry Notice reporting interim reclamation is complete and site is ready for inspection when vegetation reaches 80% coverage.

☐ Interim reclamation complete, site ready for inspection.

Per Rule 1003.e(3) describe interim reclamation procedure in Comments below or provide as an attachment and attach required location photographs.

Field inspection will be conducted to document Rule 1003.e. compliance

FINAL RECLAMATION

☐ Final Reclamation will commence approximately _____

Per Rule 1004.c.(4) operator shall submit Sundry Notice reporting final reclamation is complete and site is ready for inspection when vegetation reaches 80% coverage.

☐ Final reclamation complete, site ready for inspection. Per Rule 1004.c(4) describe final reclamation procedure in Comments below or provide as an attachment.

Field inspection will be conducted to document Rule 1004.c. compliance

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 07/12/2021

☐ 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:

Huron 3N (05-123-49583)/Nanosealant Squeeze Remedial Procedure
Producing Formation: N/A (DUC)
Fox Hills: 3'-118'
Upper Pierre Aquifer: 350'-1330'
Depest Water Well: 142'
TD: 13,642'
Surface Casing: 9 5/8" 36# @ 1688' w/ 590 sxs
Production Casing: 5 1/2" 20# @ 13639' w/ 2157 sxs
Proposed Procedure:
1. MIRU WO unit & associated WO equipment, ND wellhead, NU BOP, tally all pipe to be ran in well.
2. RU wireline company. RIH w/ gauge ring and csg scraper to 6850' (top of target marker joint collar @ 5886')
3. TIH w/ composite BP and set @ 6800', 58.0°. Load well, test csg to 5000 psi and verify integrity. Top with 2 sxs 15.8#/gal CI G cement.
4. TIH w/ composite BP and set @ 5150'.
5. TIH w/ composite BP and set @ 5042'.
6. TIH with perf gun and perforate squeeze holes from 5012'-5032'.
7. TIH with tubing to 5032'. Establish injection rate and modify nanosealant volumes based on injection test results.
8. RU SLB cementing company. Pump 10 bbls Nanosealant down tubing from 4582'-5032'.
9. PU tubing to 4475'. Shut in 5-1/2" casing valve and squeeze away 6 bbls through perforations. Hesitation squeeze remaining 4 bbls in 1/4-bbl increments every 15 min.

10. TIH and mill out remaining squeeze sealant from 4582' to 5032' and CBP @ 5042'. TOOH.
11. RU wireline company. Run csg scraper from 5050'-4500'.
12. Run CBL from 5100' to surface.
13. RU coil company. RIH with 75' casing patch and set from 4985'-5060'.
14. Load well, test csg to 9500 psi and verify integrity.
15. RU wireline company and make gauge ring run from 5100' to 4950'.
16. TIH and millout CBP at 5150' and dump bail and CBP at 6800'. TOOH.
17. RDMO.

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:

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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**

1	Drilling/Completion Operations	PDC has installed sound walls prior to annualr fill operations
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Total: 1 comment(s)

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: Jenifer Hakkarinen
 Title: reg tech Email: Jenifer.Hakkarinen@pdce.com Date: 7/1/2021

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: 7/8/2021

CONDITIONS OF APPROVAL, IF ANY:
Condition of Approval
COA Type
Description

	1) Repaired casing must be pressure tested for a minimum of 30 minutes and to a minimum of 500 psi greater than the maximum surface pressure anticipated to be imposed during the Stimulation. Record pressure test in tabular form and provide a copy of this data to COGCC within 10 days of the repair work being completed. 2) After repair work is completed, a bradenhead test shall be performed and bradenhead samples collected if pressure is greater than 25 psi for laboratory analysis. The Form 17 shall be submitted within 10 days of the test. Copies of all final laboratory analytical results shall be provided to the COGCC within three months of collecting the samples in an approved electronic data deliverable format. 3) Operator shall not proceed with stimulation until COGCC engineering provides final approval. COGCC engineering will review repair documentation and the post-repair bradenhead test prior to making final determination.
	1. Operator will implement measures to capture, combust, or control emissions to protect health and safety, and to ensure that vapors and odors from well subsequent operations do not constitute a nuisance or hazard to public health, welfare and the environment. 2. Prior to commencing operations, at a minimum, the operator will provide notice to the owners/occupants of Building Units (BUs) that are adjacent to the parcel on which the well is located. The notification will include the operator's contact information and the nature, timing, and expected duration of the nanosealant squeeze remedial operations.

2 COAs

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>
402736580	SUNDRY NOTICE APPROVED
402741984	FORM 4 SUBMITTED

Total Attach: 2 Files