

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: 402758606			
Date Received: 07/24/2021			

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) 929-6000
 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 24731 00 OGCC Facility ID Number: 289083
 Well/Facility Name: SEKICH Well/Facility Number: 41-20
 Location QtrQtr: NENE Section: 20 Township: 3N Range: 67W Meridian: 6
 County: WELD Field Name: WATTENBERG
 Federal, Indian or State Lease Number: _____

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:

FNL/FSL		FEL/FWL	
<input type="text" value="506"/>	<input type="text" value="FNL"/>	<input type="text" value="883"/>	<input type="text" value="FEL"/>

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Current **Surface** Location **From** QtrQtr Sec

Twp Range Meridian

New **Surface** Location **To** QtrQtr Sec

Twp Range Meridian

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

<input type="text" value="1156"/>	<input type="text" value="FNL"/>	<input type="text" value="155"/>	<input type="text" value="FEL"/>
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Change of **Top of Productive Zone** Footage **To** Exterior Section Lines:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	**
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Current **Top of Productive Zone** Location **From** Sec

Twp Range

New **Top of Productive Zone** Location **To** Sec

Twp Range

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

<input type="text" value="1156"/>	<input type="text" value="FNL"/>	<input type="text" value="155"/>	<input type="text" value="FEL"/>
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Change of **Bottomhole** Footage **To** Exterior Section Lines:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	**
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Current **Bottomhole** Location Sec Twp

Range ** attach deviated drilling plan

New **Bottomhole** Location Sec Twp

Range

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 07/24/2021

- 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:

APRIL 2021 MONTHLY PRESSURE CHECK 04/07/21, 60PSI, NOT OPEN TO ATMOSPHERE, EXCEEDED ACTION THRESHOLD. FOLLOW UP FORM 17 5/24/21, 54PSI, PRODUCED NO LIQUID. SAMPLE OBTAINED 05/19/21 PRODUCED NO LIQUID. DIAGNOSTIC TESTING RESULTED IN PRESSURE BELOW THE ACTION THRESHOLD. SUBSEQUENT FORM 17 OBTAINED 06/04/21, PRODUCED NO LIQUID, 36PSI. BRADENHEAD WILL BE MONITORED PER ORDER 1-232 AND RULE 419.b(4).

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: MIKE WARDINSKY
Title: REG ENG Email: MIKE_WARDINSKY@OXY.COM Date: 7/24/2021

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

COGCC Approved: Haverkamp, Curtis Date: 7/29/2021

CONDITIONS OF APPROVAL, IF ANY:

Condition of Approval

COA Type

Description

	If bradenhead pressures return, 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
	Operator shall continue to monitor pressure, and report to COGCC through annual testing. If monitored well conditions meet the thresholds defined by Order 1-232 a new bradenhead sundry must be filed.

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>
402758606	SUNDRY NOTICE APPROVED
402758607	OPERATIONS SUMMARY
402764473	FORM 4 SUBMITTED

Total Attach: 3 Files