

**State of Colorado**  
**Energy & Carbon Management Commission**

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DE	ET	OE	ES
Document Number: <u>403609621</u>			
Date Received: <u>12/05/2023</u>			

**SUNDRY NOTICE**

This form is required for reports, updates, and requests as specified in the COGCC rules. It is also used to request changes to some aspects of approved permits for Wells and Oil and Gas Locations.

OGCC Operator Number: <u>100322</u>	Contact Name <u>Raul Sanchez</u>
Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 8707730</u>
Address: <u>2001 16TH STREET SUITE 900</u>	Fax: ( )
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>DenverRegulatory@chevron.onmicrosoft.com</u>

**FORM 4 SUBMITTED FOR:**

Facility Type: WELL  
 API Number : 05- 123 49058 00 ID Number: 459821  
 Name: Shelton Number: H03-635  
 Location QtrQtr: NWSW Section: 1 Township: 3N Range: 65W Meridian: 6  
 County: WELD Field Name: WATTENBERG

**Oil & Gas Location(s) and Oil & Gas Development Plan (OGDP) Information**

Location(s)

Location ID	Location Name and Number
459824	H01-12 Multi

OGDP(s)

No OGDP

**WELL LOCATION CHANGE OR AS-BUILT GPS REPORT**

Change of Location for Well \*     As-Built GPS Location Report     As-Built GPS Location Report with Survey

\* Well Location Change requires a new Plat.

**SURFACE LOCATION GPS DATA**      Data must be provided for Change of Surface Location and As Built Reports.

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 GPS Quality Value: \_\_\_\_\_ Type of GPS Quality Value: \_\_\_\_\_ Measurement Date: \_\_\_\_\_  
 Well Ground Elevation: \_\_\_\_\_ feet (Required for change of Surface Location.)

**WELL LOCATION CHANGE**

Well plan is: \_\_\_\_\_ (Vertical, Directional, Horizontal)

Change of **Surface** Footage **From**:

2477	FSL	1050	FWL

Change of **Surface** Footage **To**:

Current <b>Surface</b> Location <b>From</b>	QtrQtr <u>NWSW</u>	Sec <u>1</u>	Twp <u>3N</u>	Range <u>65W</u>	Meridian <u>6</u>
New <b>Surface</b> Location <b>To</b>	QtrQtr	Sec	Twp	Range	Meridian

Change of **Top of Productive Zone** Footage **From:**

1647 FSL

200 FEL

Change of **Top of Productive Zone** Footage **To:**

\*\*

Current **Top of Productive Zone** Location

Sec 2

Twp 3N

Range 65W

New **Top of Productive Zone** Location

Sec

Twp

Range

Change of **Base of Productive Zone** Footage **From:**

FSL

FEL

Change of **Base of Productive Zone** Footage **To:**

\*\*

Current **Base of Productive Zone** Location

Sec

Twp

Range

New **Base of Productive Zone** Location

Sec

Twp

Range

Change of **Bottomhole** Footage **From:**

1661 FSL

200 FWL

Change of **Bottomhole** Footage **To:**

\*\*

Current **Bottomhole** Location

Sec 3

Twp 3N

Range 65W

\*\* attach deviated drilling plan

New **Bottomhole** Location

Sec

Twp

Range

### SAFETY SETBACK INFORMATION

Required for change of Surface Location.

Distance from Well to nearest:

Building: \_\_\_\_\_ Feet  
 Building Unit: \_\_\_\_\_ Feet  
 Public Road: \_\_\_\_\_ Feet  
 Above Ground Utility: \_\_\_\_\_ Feet  
 Railroad: \_\_\_\_\_ Feet  
 Property Line: \_\_\_\_\_ Feet

**INSTRUCTIONS:**  
 - Specify all distances per Rule 308.b.(1).  
 - Enter 5280 for distance greater than 1 mile.  
 - Building - nearest building of any type. If nearest Building is a Building Unit, enter same distance for both.  
 - Building Unit – as defined in 100 Series Rules.

### SUBSURFACE MINERAL SETBACKS

Required for change of Top and/or Base of Productive Zone. Enter 5280 for distance greater than 1 mile.

Is this Well within a unit? \_\_\_\_\_

If YES:

Enter the minimum distance from the Completed Zone of this Well to the Unit Boundary: \_\_\_\_\_ Feet

Enter the minimum distance from the Completed Zone of this Well to the Completed Zone of an offset Well within the same unit permitted or completed in the same formation: \_\_\_\_\_ Feet

If NO:

Enter the minimum distance from the Completed Zone of this Well to the Lease Line of the described lease: \_\_\_\_\_ Feet

Enter the minimum distance from the Completed Zone of this Well to the Completed Zone of an offset Well producing from the same lease and permitted or completed in the same formation: \_\_\_\_\_ Feet

### Exception Location

If this Well requires the approval of a Rule 401.c Exception Location, enter the Rule or spacing order number and attach the Exception Location Request and Waivers. \_\_\_\_\_

### LOCATION CHANGE COMMENTS

\_\_\_\_\_



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**

REPORT OF TEMPORARY ABANDONMENT

Describe the method used to ensure that the Well is closed to the atmosphere and the Operator's plans for future operation of the Well in the COMMENTS box below as required by Rule 434.b.(1).

REQUEST FOR TEMPORARY ABANDONMENT EXCEEDING 6 MONTHS

State the reason for the extension request and explain the Operator's plans for future operation of the Well in the COMMENTS box below as required by Rule 434.b.(3).

Date well temporarily abandoned \_\_\_\_\_

Has Production Equipment been removed from site? \_\_\_\_\_

Mechanical Integrity Test (MIT) required. Date of last MIT \_\_\_\_\_

**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/REQUEST FOR APPROVAL      Approximate Start Date    11/29/2023

SUBSEQUENT REPORT      Date of Activity \_\_\_\_\_

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Bradenhead Plan   | <input type="checkbox"/> Venting or Flaring (Rule 903) | <input type="checkbox"/> E&P Waste Mangement           |
| <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"/> Underground Injection Control  |  |  |
| <input type="checkbox"/> Request approval of Reuse and Recycling Plan per Rule 905.a.(3). (Reuse and Recycling Plan must be attached.)                    |  |  |
| <input type="checkbox"/> Request approval of Alternative Sampling Plan per Rule 909.j.(6). for this Pit. (Alternative Sampling Program must be attached.) |  |  |
| <input type="checkbox"/> Other  |  |  |

Request that an existing produced water sample from the same formation be used per Rule 909.j.(6) to meet the requirements of Rule 909.j.(1)-(5) for this Well.

Pit ID \_\_\_\_\_ Pit Name \_\_\_\_\_

(No Sample Provided)

Subsequent well operations with heavy equipment (Rule 312)

(No Well Provided)

**COMMENTS:**

After drilling was complete on 06/05/2023, the initial Form 17 was submitted with 0 psi init/final pressures on 06/23/2023. Pressure transducers were installed on this well on 7/7/2023 due to pressure on Shelton H03-645 (on the same pad) and an increase in pressure was observed around 07/20/2023. A second Form 17 was conducted on 07/28/2023 and a gas sample was collected. The gas analysis showed a high percentage (42.248%) Hydrogen and lower percentages of compounds typically seen in Niobrara sourced gas (Methane 2.535%, all others <1%). The well was put on abatement 09/06/2023. Max pressure prior to abatement was 350 psi. During a subsequent 7-day build-up, ending on Oct. 31st, the pressure reached 140 psi.

On 11/16/2023 the well was shut-in and allowed to build up until 11/20/2023 for a Form 17 and sample collection. These results are attached and show a reduction in Hydrogen gas and an increase in Methane and Propane. These samples still show lower concentrations of heavier hydrocarbon compounds relative to what is typically seen in produced Niobrara gas. Max pressure during this 4 day build-up was 84 psi. The well was subsequently shut-in to allow for a 7-day build up and Form 17 on 11/27 with gas sample collection. Max pressure during the 7-day build up was 113 psi.

Based on the gas analysis results and decreasing trends in 7-day build ups, we believe much of the pressure we saw initially was a byproduct of cement additives reacting with water. The reduction in hydrogen seen in the more recent sample was anticipated as the cement additive reaction is a finite one.

We propose moving forward with frac on this well and will commit to mitigating any residual bradenhead pressure >50 psi prior to putting the well on production. We also will commit to staying below 200 psi during frac and shutting down to investigate and reach out to the state if this threshold is exceeded. We will be keeping the PRV installed with a pop-off value just above 200 psi to ensure we don't inadvertently pressure up the annulus if we encounter an unexpected pressure spike. If we see evidence of communication up the surface casing annuli, we will shut down and not resume until ECMC has approved a new plan forward.

Our plan for post-frac mitigation is to remediate pressure using one or a combination of different technologies (ie. casing expansion, resin etc.).

**GAS CAPTURE**

**VENTING AND FLARING:**

Operation type: \_\_\_\_\_ Operational phase requiring venting/flaring: \_\_\_\_\_

Reason for venting/flaring: \_\_\_\_\_

Describe Other reason for venting/flaring:

\_\_\_\_\_

Describe why venting or flaring is necessary. If reporting per Rule 903.b.(2), 903.c.(3).C, or 903.d.(2), include the explanation, rationale, and cause of the event:

\_\_\_\_\_

Describe how the operation will protect and minimize adverse impacts to public health, safety, welfare, the environment, and wildlife resources. If reporting per Rule 903.d.(2), include BMPs used to minimize venting on the BMP Tab:

\_\_\_\_\_

Total volume of gas vented or flared: \_\_\_\_\_ mcf  estimated  measured

Total duration of emission event: \_\_\_\_\_ hours  consecutive  cumulative

Submit a single representative gas analysis via Form 43 to create a Sample Site Facility ID# for this Location. Reference the Form 43 document number on the Related Forms tab.

Sample Site Facility ID#: \_\_\_\_\_

**GAS CAPTURE PLAN**

Describe the plan to connect to a gathering line or beneficially use the gas; include anticipated timeline:

\_\_\_\_\_

A Gas Capture Plan that meets the requirements of Rule 903.e is attached.

**CASING PROGRAM**

(No Casing Provided)

**POTENTIAL FLOW AND CONFINING FORMATIONS**

**H2S REPORTING**

Intentional release of H2S gas due to Upset Condition or malfunction.

Intent to temporarily abandon well with potential H2S concentration >100 ppm.

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:

**OIL & GAS LOCATION UPDATES**

OGDP ID \_\_\_\_\_ OGDP Name \_\_\_\_\_

**SITE EQUIPMENT LIST UPDATES**

Indicate the number and type of major equipment components planned for use on this Oil and Gas Location:

Wells _____	Oil Tanks _____	Condensate Tanks _____	Water Tanks _____	Buried Produced Water Vaults _____
Drilling Pits _____	Production Pits _____	Special Purpose Pits _____	Multi-Well Pits _____	Modular Large Volume Tank _____
Pump Jacks _____	Separators _____	Injection Pumps _____	Heater-Treaters _____	Gas Compressors _____
Gas or Diesel Motors _____	Electric Motors _____	Electric Generators _____	Fuel Tanks _____	LACT Unit _____
Dehydrator Units _____	Vapor Recovery Unit _____	VOC Combustor _____	Flare _____	Enclosed Combustion Devices _____
Meter/Sales Building _____	Pigging Station _____		Vapor Recovery Towers _____	

**OTHER PERMANENT EQUIPMENT UPDATES**

**OTHER TEMPORARY EQUIPMENT UPDATES**

**CULTURAL AND SAFETY SETBACK UPDATES**

**OTHER LOCATION CHANGES AND UPDATES**

Provide a description of other changes or updates to technical information for this Location:

[Empty text box for other location changes and updates]

**POTENTIAL OGDG UPDATES**

**PROPOSED CHANGES TO AN APPROVED OGDG**

This Sundry Form 4 is being submitted pursuant to Rule 301.c to propose changes to an approved Oil and Gas Development Plan.

Check all boxes that pertain to the type(s) of changes being proposed for this OGDG:

- Add Oil and Gas Location(s)
- Add Drilling and Spacing Unit(s)
- Amend Oil and Gas Location(s)
- Amend Drilling and Spacing Unit(s)
- Remove Oil and Gas Location(s)
- Remove Drilling and Spacing Unit(s)
- Oil and Gas Location attachment or plan updates
- Amend the lands subject to the OGDG
- Other

Provide a detailed description of the changes being proposed for this OGDG. Attach supporting documentation such as maps if necessary.

[Empty text box for detailed description of changes]

**Best Management Practices**

**No BMP/COA Type**

**Description**

No BMP/COA Type	Description

Operator Comments:

[Empty text 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: Raul Sanchez

Title: Regulatory Specialist Email: DenverRegulatory@chevron.onmicrosoft. Date: 12/5/2023

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: 12/8/2023

**CONDITIONS OF APPROVAL, IF ANY:**

**COA Type**

**Description**

	If any bradenhead pressure greater than 200 psi is observed or if there is evidence of communication, Operator must shut down to investigate, and contact ECMC engineering for approval prior to stimulation.
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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>
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		Stamp Upon Approval
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Total: 0 comment(s)

**Attachment List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
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403609621	SUNDRY NOTICE APPROVED-OBJ
403618997	FORM 4 SUBMITTED

Total Attach: 2 Files