

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

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**SUNDRY NOTICE**

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

ECMC Operator Number: <u>100322</u>	Contact Name <u>Tracey Fallang</u>
Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 596-4818</u>
Address: <u>1099 18TH STREET SUITE 1500</u>	Fax: <u>( )</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>rbudevpermitting@chevron.com</u>

**FORM 4 SUBMITTED FOR:**

Facility Type: LOCATION

API Number : 05- 123 00 ID Number: 421235

Name: State Number: 8-61 36-1H

Location QtrQtr: NW NE Section: 36 Township: 8N Range: 61W Meridian: 6

County: WELD Field Name: DJ HORIZONTAL NIOBRARA

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

Location(s)

Location ID	Location Name and Number
421235	State 8-61 36-1H

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)

			FNL/FSL	FEL/FWL	
Change of <b>Surface</b> Footage <b>From</b> :	<input type="text" value="600"/>	<input type="text" value="FNL"/>	<input type="text" value="1980"/>	<input type="text" value="FEL"/>	
Change of <b>Surface</b> Footage <b>To</b> :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Current <b>Surface</b> Location <b>From</b>	QtrQtr <input type="text" value="NW NE"/>	Sec <input type="text" value="36"/>	Twp <input type="text" value="8N"/>	Range <input type="text" value="61W"/>	Meridian <input type="text" value="6"/>
New <b>Surface</b> Location <b>To</b>	QtrQtr <input type="text"/>	Sec <input type="text"/>	Twp <input type="text"/>	Range <input type="text"/>	Meridian <input type="text"/>
Change of <b>Top of Productive Zone</b> Footage <b>From</b> :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Change of <b>Top of Productive Zone</b> Footage <b>To</b> :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Current <b>Top of Productive Zone</b> Location	Sec <input type="text"/>	Twp <input type="text"/>	Range <input type="text"/>		
New <b>Top of Productive Zone</b> Location	Sec <input type="text"/>	Twp <input type="text"/>	Range <input type="text"/>		

\*\*

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

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:**

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

\*\*

Current **Bottomhole** Location

Sec

Twp

Range

\*\* 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**



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 \_\_\_\_\_

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

- |   |  |  |
|---|--|--|
| <input 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:

**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.

**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**

\_\_\_\_\_

**SITE EQUIPMENT LIST UPDATES**

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

Wells 1 Oil Tanks 3 Condensate Tanks \_\_\_\_\_ Water Tanks 1 Buried Produced Water Vaults \_\_\_\_\_  
 Drilling Pits \_\_\_\_\_ Production Pits \_\_\_\_\_ Special Purpose Pits \_\_\_\_\_ Multi-Well Pits \_\_\_\_\_ Modular Large Volume Tank \_\_\_\_\_  
 Pump Jacks \_\_\_\_\_ Separators 4 Injection Pumps \_\_\_\_\_ Heater-Treaters 1 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 2  
 Meter/Sales Building \_\_\_\_\_ Pigging Station \_\_\_\_\_ Vapor Recovery Towers \_\_\_\_\_

**OTHER PERMANENT EQUIPMENT UPDATES**

Permanent Equipment Type	Number
Inert Gas System	1

**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:

Note: Separator count includes knockout vessels, surge vessels and blowcase(s) if present on location. Associated flowline/gathering infrastructure exists for production.

**POTENTIAL OGD P UPDATES**

**PROPOSED CHANGES TO AN APPROVED OGD P**

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 OGD P:

- 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 OGD P
- Other

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

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

**Operator Comments:**

Noble Energy, Inc. is submitting this sundry as notification that an inert gas system will be installed on this location to replace natural gas actuated pneumatic valves. The inert gas system will be installed within the permitted disturbance area.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Tracey Fallang  
Title: Regulatory Specialist Email: rbudevpermitting@chevron.com Date: \_\_\_\_\_

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

ECMC Approved: \_\_\_\_\_ Date: \_\_\_\_\_

**CONDITIONS OF APPROVAL, IF ANY LIST**

<b><u>COA Type</u></b>	<b><u>Description</u></b>
0 COA	

**General Comments**

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

Total: 0 comment(s)

**ATTACHMENT LIST**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>

Total Attach: 0 Files