FORM 4
Rev 03/22

# State of Colorado
# Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

| DE | ET | OE | ES |
|---|---|---|---|
| | | | |

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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: 66561 Contact Name DANE OLSON
Name of Operator: OXY USA INC Phone: (307) 7605319
Address: PO BOX 173779 Fax: ( )
City: DENVER State: CO Zip: 80217-3779 Email: DANE_OLSON@OXY.COM

FORM 4 SUBMITTED FOR:

Facility Type: WELL
API Number : 05- 123 52915 00 ID Number: 489180
Name: GLADE Number: WEST
Location QtrQtr: NESE Section: 2 Township: 3N Range: 66W 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 |
|---|---|
| 487829 | GLADE |

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 **Surface** Footage **From**: | | 2134 | FSL | 1246 | FEL |
| Change of **Surface** Footage **To**: | | | | | |
| Current **Surface** Location **From** | QtrQtr NESE Sec 2 Twp 3N Range 66W Meridian 6 | | | | |
| New **Surface** Location **To** | QtrQtr Sec Twp Range Meridian | | | | |
| Change of **Top of Productive Zone** Footage **From**: | | 2153 | FSL | 1472 | FEL |
| Change of **Top of Productive Zone** Footage **To**: | | | | | ** |
| Current **Top of Productive Zone** Location | Sec 2 Twp 3N Range 66W | | | | |
| 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**: | | | | 2287 FSL | | 2376 FWL | |
| Change of **Bottomhole** Footage **To**: | | | | | | | ** |
| Current **Bottomhole** Location | Sec | 2 | Twp | 3N | Range | 66W | ** 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

CHANGE OR ADD OBJECTIVE FORMATION AND/OR SPACING UNIT

| Objective Formation | Formation Code | Spacing Order Number | Unit Acreage | Unit Configuration | Add | Modify | No Change | Delete |
|---|---|---|---|---|---|---|---|---|
| PRECAMBRIAN | PCMB | | | | | | X | |

OTHER

☐ **RULE 502 VARIANCE**

Order Number: _____

Description: _____

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

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

From: Name GLADE Number WEST 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) – ECMC Pit Facility ID Number _____ has not been constructed (Permitted and constructed pit requires closure per Rule 911)

☐ 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 907)

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 WELL RECORDS CONFIDENTIALITY (Rule 206.c.(1))**

☐ **DIGITAL WELL LOG UPLOAD**

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

☐ **COMPLIANCE with CONDITION OF APPROVAL (COA) on** Form NO: _____ Document Number: _____

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

☐ 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 04/26/2025

☐ SUBSEQUENT REPORT Date of Activity _____

☐ Bradenhead Plan ☐ Venting or Flaring (Rule 903) ☐ E&P Waste Mangement

☒ Change Drilling Plan ☐ Repair Well ☐ Beneficial Reuse of E&P Waste

☐ Gross Interval Change

☐ Underground Injection Control

☐ Request approval of Reuse and Recycling Plan per Rule 905.a.(3). (Reuse and Recycling Plan must be attached.)

☐ Request approval of Alternative Sampling Plan per Rule 909.j.(6). for this Pit. (Alternative Sampling Program must be attached.)

☐ 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:

The 9-5/8" casing cementing program on the GLADE WEST (123-52915) deep geothermal well was changed to a 2-stage cement job due to possible lost circulation in deeper zones. The change to the stage job is to reduce the risk of not getting cement to surface due to potentially weak deep zones. The stage tool was placed at 6600' (a packer was placed at 6597'), approximately 450' above the Niobrara, due to concerns over Codell depletion. The estimated pore pressure of the Codell is very low here due to depletion so this will avoid having the hydrostatic of the 2nd stage on the Codell and risk losses. ECMC approval was granted before the casing cementing program was changed.

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

| Casing Type | Size of Hole | Size of Casing | Grade | Wt/Ft | Csg/Liner Top | Setting Depth | Sacks Cmt | Cmt Btm | Cmt Top |
|---|---|---|---|---|---|---|---|---|---|
| CONDUCTOR | 26 | 20 | A53B | 79 | 0 | 80 | 60 | 80 | 0 |
| SURF | 17+1/2 | 13+3/8 | L80 | 54.5 | 0 | 2350 | 770 | 2350 | 0 |
| 1ST | 12+1/4 | 9+5/8 | P110IC | 47 | 0 | 10624 | 1941 | 10624 | 0 |
| S.C. 1.1 | 12+1/4 | 9+5/8 | P110IC | 47 | 0 | 10624 | 752 | 10624 | 6600 |
| S.C. 1.2 | 12+1/4 | 9+5/8 | P110IC | 47 | 0 | 10624 | 1189 | 6600 | 0 |

POTENTIAL FLOW AND CONFINING FORMATIONS

| Zone Type | Formation /Hazard | Top M.D. | Top T.V.D. | Bottom M.D. | Bottom T.V.D. | TDS (mg/L) | Data Source | Comment |
|---|---|---|---|---|---|---|---|---|
| Groundwater | Fox Hills and Shallower | 17 | 17 | 472 | 472 | 501-1000 | USGS | Depth from DWR |
| Confining Layer | Pierre Shale | 473 | 473 | 671 | 671 | | | |
| Groundwater | Upper Pierre Aquifer | 672 | 672 | 1577 | 1577 | 501-1000 | Electric Log Calculation | Controlled by samples |
| Confining Layer | Pierre Shale | 1578 | 1578 | 4309 | 4309 | | | |
| Hydrocarbon | Sussex | 4310 | 4310 | 4609 | 4609 | | | Productive |
| Confining Layer | Pierre Shale | 4610 | 4610 | 7112 | 7112 | | | |
| Hydrocarbon | Niobrara | 7113 | 7113 | 7355 | 7355 | | | |
| Hydrocarbon | Codell | 7356 | 7356 | 7371 | 7371 | | | |
| Confining Layer | Carlile | 7372 | 7372 | 7409 | 7409 | | | |
| Hydrocarbon | Greenhorn | 7410 | 7410 | 7596 | 7596 | | | |
| Confining Layer | Graneros Shale | 7597 | 7597 | 7857 | 7857 | | | |
| Hydrocarbon | Dakota | 7858 | 7858 | 8034 | 8034 | | | |
| Confining Layer | Morrison | 8035 | 8035 | 8298 | 8298 | | | |
| Groundwater | Entrada | 8299 | 8299 | 8423 | 8423 | >10000 | USGS | |
| Confining Layer | Lykins | 8424 | 8424 | 8958 | 8958 | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Confining Layer | Blaine | 8959 | 8959 | 9004 | 9004 | | | Anhydrite |
| Groundwater | Lyons | 9005 | 9005 | 9196 | 9196 | >10000 | USGS | |
| Groundwater | Lower Satanka | 9197 | 9197 | 9363 | 9362 | >10000 | USGS | |
| Groundwater | Wolfcamp | 9364 | 9363 | 9982 | 9974 | >10000 | USGS | |
| Groundwater | Fountain | 9983 | 9975 | 10573 | 10555 | >10000 | USGS | |
| Disposal | Precambrian Basement | 10574 | 10556 | 20133 | 20000 | | | Zone type is Geothermal, not in dropdown options. Igneous/Metamorphic; *base MD/TVD is BHL per ECMC |

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:

POTENTIAL OGDP UPDATES

PROPOSED CHANGES TO AN APPROVED OGDP

☐ 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 OGDP:

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

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

## Operator Best Management Practices

| No | BMP/COA Type | Description |
|---|---|---|
| | | |

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: DANE OLSON

Title: REGULATORY ADVISOR Email: DANE_OLSON@OXY.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

| COA Type | Description |
|---|---|
| | |

0 COA

## General Comments

| User Group | Comment | Comment Date |
|---|---|---|
| | | Stamp Upon Approval |

Total: 0 comment(s)

## ATTACHMENT LIST

| Att Doc Num | Name |
|---|---|
| | |

Total Attach: 0 Files