

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.

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 City: DENVER State: CO Zip: 80217-3779 Email: Gregory_hamilton@oxy.com

FORM 4 SUBMITTED FOR:

Facility Type: LOCATION
 API Number : 05- 123 00 ID Number: 430664
 Name: SPARBOE Number: 27C-26HZ
 Location QtrQtr: SWSE Section: 35 Township: 2N 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
430664	SPARBOE 27C-26HZ

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:**

Change of **Surface Footage To:**

				FNL/FSL		FEL/FWL	
				<input type="text" value="342"/>	<input type="text" value="FSL"/>	<input type="text" value="1879"/>	<input type="text" value="FEL"/>
Current Surface Location From	QtrQtr <input type="text" value="SWSE"/>	Sec <input type="text" value="35"/>	Twp <input type="text" value="2N"/>	Range <input type="text" value="65W"/>	Meridian <input type="text" value="6"/>		
New Surface Location To	QtrQtr <input type="text"/>	Sec <input type="text"/>	Twp <input type="text"/>	Range <input type="text"/>	Meridian <input type="text"/>		

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

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

**

Current **Top of Productive Zone** Location

Sec

Twp

Range

New **Top of Productive Zone** Location

Sec

Twp

Range

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	3	Oil Tanks	_____	Condensate Tanks	1	Water Tanks	_____	Buried Produced Water Vaults	2
Drilling Pits	_____	Production Pits	_____	Special Purpose Pits	_____	Multi-Well Pits	_____	Modular Large Volume Tank	_____
Pump Jacks	3	Separators	4	Injection Pumps	_____	Heater-Treaters	_____	Gas Compressors	_____
Gas or Diesel Motors	_____	Electric Motors	_____	Electric Generators	_____	Fuel Tanks	_____	LACT Unit	1
Dehydrator Units	_____	Vapor Recovery Unit	1	VOC Combustor	_____	Flare	_____	Enclosed Combustion Devices	1
Meter/Sales Building	2	Pigging Station	_____	Vapor Recovery Towers	1				

OTHER PERMANENT EQUIPMENT UPDATES

Permanent Equipment Type	Number
Fuel Gas Scrubber/Knockout Pot	3
15 Horsepower Instrument Air Skid	1
Micro Instrument Air Skid	1
Flowlines	2
Electrical Panel/Transformer	5

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 OGD UPDATES

PROPOSED CHANGES TO AN APPROVED OGD

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:

- | | |
|--|--|
| <input type="checkbox"/> Add Oil and Gas Location(s) | <input type="checkbox"/> Add Drilling and Spacing Unit(s) |
| <input type="checkbox"/> Amend Oil and Gas Location(s) | <input type="checkbox"/> Amend Drilling and Spacing Unit(s) |
| <input type="checkbox"/> Remove Oil and Gas Location(s) | <input type="checkbox"/> Remove Drilling and Spacing Unit(s) |
| <input type="checkbox"/> Oil and Gas Location attachment or plan updates | <input type="checkbox"/> Amend the lands subject to the OGD |
| <input type="checkbox"/> Other | |

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

Operator Best Management Practices

No BMP/COA Type

Description

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Operator Comments:

KMOG is requesting approval to install a permanent 15hp instrument air skid compressor at the Sparboe 27C-26HZ (location 430664). This installation will reduce emissions and the environmental impact of the facility by providing instrument air, instead of natural gas, to operate pneumatically controlled valves.

The instrument air skid installed at this location will provide instrument air to operate the facility equipment for the following wells: Sparboe 2N-26HZ and Sparboe 27C-26HZ (location 430664) and Sparboe 1N-26HZX and Sparboe 26C-26HZ (location 430669).

Additionally, KMOG is requesting approval to install two small permanent micro instrument air skids, housed in a cabinet measuring approximately 3'x5' on the Sparboe 27C-26HZ well pad (location 430664) and on the Sparboe 1N-26HZ well pad (location 430669). The air skids will provide instrument air, replacing natural gas, to operate the pneumatically controlled wellhead equipment for the following wells: Sparboe 2N-26HZ and Sparboe 27C-26HZ (location 430664) and Sparboe 1N-26HZX and Sparboe 26C-26HZ (location 430669).

This equipment is not expected to result in additional traffic, light, or noise impacts to surrounding stakeholders.

Please see attachments for details.

KMOG plans to install the new equipment on October 31, 2025.

Related Instrument Air Skid Sundries:
Sparboe 27C-26HZ – Sundry 404311366

Related Micro Air Skid Sundries:
Sparboe 1N-26HZ – Sundry 404311368

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

Signed: _____ Print Name: Greg Hamilton
 Title: Sr Regulatory Consultant Email: Gregory_hamilton@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

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

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>
404311375	AERIAL PHOTOGRAPH
404311376	AERIAL PHOTOGRAPH
404311377	LAYOUT DRAWINGS

Total Attach: 3 Files