FORM 4 Rev 03/22

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: 66561 Contact Name Greg Hamilton
Name of Operator: OXY USA INC Phone: (970) 515-1698
Address: PO BOX 173779 Fax: ( )
City: DENVER State: CO Zip: 80217-3779 Email: Gregory_hamilton@oxy.com

FORM 4 SUBMITTED FOR:

Facility Type: WELL
API Number : 05- 123 52916 00 ID Number: 489239
Name: GLADE Number: EAST
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	1146	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**:		2137	FSL	1188	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 EAST 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

☐ Route to the Area Reclamation Specialist

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 11/17/2025

☐ 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 Step Rate Test

☐ 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)

API	Well Name
123-52916	GLADE EAST

COMMENTS:

The GLADE West and GLADE East wells are located approximately 250 ft apart in the Precambrian granitic formation at approximately 11000 ft to 18000 ft TVD. This step rate test is designed to investigate where the open hole sections of the wellbores are connected and estimated the permeability of the natural fracture system.

Max rate is estimated from >100 md permeability estimated within the fractures. Loss of circulation during drilling was estimated to be 0.7 bbl/min to 15.5 bbl/min.

During drilling, a FIT test was performed on GLADE West at the top of the granitic section and estimated a breakdown pressure of 2148 psi at surface.

The procedure will require 14 water tanks, a pump truck, low- and high-pressure surface piping, and two slickline trucks and associated cranes.

A. Maximum anticipated injection rate 18 bbl/min
B. Recommended test procedure
1. 10% of 18 bbl/min = 1.8 bbl/min for 30 minutes
   i. Shut in for 30 minutes
2. 25% of 18 bbl/min = 4.5 bbl/min for 30 minutes
   i. Shut in for 30 minutes
3. 50% of 18 bbl/min = 9.0 bbl/min for 30 minutes
   i. Shut in for 30 minutes
4. 75% of 18 bbl/min = 13.5 bbl/min for 30 minutes
   i. Shut in for 30 minutes
5. 100% of 18 bbl/min = 18 bbl/min for 30 minutes
   i. Shut in for 120 minutes
6. 100% of 18 bbl/min = 18 bbl/min for 240 minutes
   i. Shut in for 120 minutes

C. Total volume will be approximately 5700 bbls of water.

During the procedure, surface pressure will be kept at or below 2000 psi to avoid fracture initiation. If rate is limited by surface pressure, the procedure will be modified to inject the remaining volume at a lower rate.

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:

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:

KMOG is requesting approval to conduct a step rate test on the Glade East and West wells (location 487829).

The GLADE West and GLADE East wells are located approximately 250 ft apart in the Precambrian granitic formation at approximately 11000 ft to 18000 ft TVD. This step rate test is designed to investigate where the open hole sections of the wellbores are connected and estimated the permeability of the natural fracture system.

Max rate is estimated from >100 md permeability estimated within the fractures. Loss of circulation during drilling was estimated to be 0.7 bbl/min to 15.5 bbl/min.

During drilling, a FIT test was performed on GLADE West at the top of the granitic section and estimated a breakdown pressure of 2148 psi at surface.

The procedure will require 14 water tanks, a pump truck, low- and high-pressure surface piping, and two slickline trucks and associated cranes.

A. Maximum anticipated injection rate 18 bbl/min

B. Recommended test procedure

1. 10% of 18 bbl/min = 1.8 bbl/min for 30 minutes
   i. Shut in for 30 minutes
2. 25% of 18 bbl/min = 4.5 bbl/min for 30 minutes
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3. 50% of 18 bbl/min = 9.0 bbl/min for 30 minutes
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5. 100% of 18 bbl/min = 18 bbl/min for 30 minutes
   i. Shut in for 120 minutes
6. 100% of 18 bbl/min = 18 bbl/min for 240 minutes
   i. Shut in for 120 minutes

C. Total volume will be approximately 5700 bbls of water.

During the procedure, surface pressure will be kept at or below 2000 psi to avoid fracture initiation. If rate is limited by surface pressure, the procedure will be modified to inject the remaining volume at a lower rate.

Temporary equipment is expected to have minimal impact on the surrounding area. Incremental noise impacts are minimal and do not require mitigation. The test is estimated to take approximately three (3) days to complete, one (1) day to rig-up, one (1) day to conduct the test and one (1) day to rig-down and will be conducted during daylight hours. Heavy vehicles will only be required during rig-up and rig-down operations. The fresh water will be sourced and trucked by a third-party contractor.

The estimated start date is November 17, 2025.

Please see attachments for details.

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

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
404435098	AERIAL PHOTOGRAPH
404435099	WELLBORE DIAGRAM
404435100	OTHER

Total Attach: 3 Files