

**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: 47120 Contact Name Greg Hamilton  
 Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (970) 515-1698  
 Address: P O 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 45105 00 ID Number: 451517  
 Name: HAMMER Number: 3-2HZ  
 Location QtrQtr: SWSW Section: 3 Township: 1N Range: 68W 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
451533	HAMMER 3-5HZ

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="1306"/>	<input type="text" value="FSL"/>	<input type="text" value="426"/>	<input type="text" value="FWL"/>	
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="SWSW"/>	Sec <input type="text" value="3"/>	Twp <input type="text" value="1N"/>	Range <input type="text" value="68W"/>	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 **Top of Productive Zone** Footage **From:**

1954 FSL

247 FWL

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

\*\*

Current **Top of Productive Zone** Location

Sec 3

Twp 1N

Range 68W

New **Top of Productive Zone** Location

Sec

Twp

Range

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

FSL

FWL

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:**

55 FNL

287 FWL

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

\*\*

Current **Bottomhole** Location

Sec 34

Twp 2N

Range 68W

\*\* 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**

- 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 06/02/2026
- 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 checked="" type="checkbox"/> Other    Request Reconditioning Approval		

- 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:**

Kerr-McGee would like to request approval to conduct a downhole chemical reconditioning treatment on this well, which is one of thirty-two (32) horizontal wells on the Hammer 3-5HZ location (location 451533). This is one of three (3) wells on the pad that will receive this treatment. Injection pressures will be less than fracture pressures. Fresh water and acid will be injected into the Hammer 3-2HZ (API: 05-123-45105) at a maximum downhole gradient below 0.87 psi/ft (minimum frac gradient measured during original completion operations). The planned volume of fresh water is approximately 2,200 bbls.

The injection equipment will consist of quinipler pumps, mixing tanks and storage tanks. Water from the storage tanks will be routed through the mixing tank/blender and mixed with surfactant and acid-solvent and then routed through the pumps into high pressure iron and into the target well via the casing valves.

A pre-flush of a combination acid-solvent to clean reservoir & tubulars, to allow the main treatment of surfactant-based chemicals to make good contact with the reservoir will be completed. With the objective of improving oil and gas flow in the reservoir.

The surface pressure is dependent upon flow rate and friction loss in the tubulars. The surface pressure will be maintained such that frac gradient of 0.87 psi/ft is not eclipsed. Expected surface pressure are 1500-2500psi based on prior jobs. Exceeding 3600 psi is not expected at maximum injection rates. The Hazen-Williams correlation was used to estimate friction loss in the tubulars for varying rates to dictate maximum allowed surface pressure while keeping formation pressure below fracture pressure.

After injection is complete, the combined pad of three (3) wells will be placed on production using the existing rod pump.

Please see attached procedure and WBD.

Related Chemical Reconditioning Treatment Sundries:

Hammer 3-1HZ – Sundry 404631063

Hammer 3-2HZ – Sundry 404631065

Hammer 3-3HZ – Sundry 404631066

**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 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.

\_\_\_\_\_

**Operator Best Management Practices**

**No BMP/COA Type**

**Description**

<b><u>No BMP/COA Type</u></b>	<b><u>Description</u></b>

**Operator Comments:**

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Hammer 3-2HZ – Sundry 404631065

Hammer 3-3HZ – Sundry 404631066

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**

Engineer

Returned to draft. First string TOC is drawn to the surface but listed as 2160' as the TOC on the wellbore diagram.

04/27/2026

Total: 1 comment(s)

**ATTACHMENT LIST**

**Att Doc Num**

**Name**

404631230

PROPOSED PROCEDURE

404636388

WELLBORE DIAGRAM

Total Attach: 2 Files