

State of Colorado
Energy & Carbon Management Commission

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Date Received:			

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>47120</u>	Contact Name <u>Greg Hamilton</u>
Name of Operator: <u>KERR MCGEE OIL & GAS ONSHORE LP</u>	Phone: <u>(970) 515-1698</u>
Address: <u>P O BOX 173779</u>	Fax: ()
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-3779</u>	Email: <u>Gregory_hamilton@oxy.com</u>

FORM 4 SUBMITTED FOR:

Facility Type: WELL
 API Number : 05- 123 45113 00 ID Number: 451534
 Name: HAMMER Number: 3-3HZ
 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)

Change of **Surface Footage From:**

Change of **Surface Footage To:**

				FNL/FSL		FEL/FWL		
Current Surface Location From	QtrQtr	<input type="text" value="SWSW"/>	Sec	<input type="text" value="3"/>	<input type="text" value="1306"/>	<input type="text" value="FSL"/>	<input type="text" value="441"/>	<input type="text" value="FWL"/>
					<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
New Surface Location To	QtrQtr	<input type="text"/>	Sec	<input type="text"/>	Twp	<input type="text" value="1N"/>	Range	<input type="text" value="68W"/>
							Meridian	<input type="text" value="6"/>
					Twp	<input type="text"/>	Range	<input type="text"/>
							Meridian	<input type="text"/>

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

2215 FSL

714 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:**

53 FNL

708 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

CHANGE OR ADD OBJECTIVE FORMATION AND/OR SPACING UNIT

<u>Objective Formation</u>	<u>Formation Code</u>	<u>Spacing Order Number</u>	<u>Unit Acreage</u>	<u>Unit Configuration</u>	Add	Modify	No Change	Delete
CODELL	CODL		320	GWA			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 OGD

From: Name HAMMER Number 3-3HZ 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: _____
 Route To: _____

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.

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 3-3HZ (API: 05-123-45113) at a maximum downhole gradient below 0.84 psi/ft (minimum frac gradient measured during original completion operations). The planned volume of fresh water is approximately 2,150 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 0.84 psi/ft is not eclipsed. Expected surface pressure are 1500-2500psi based on prior jobs. Exceeding 3400 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

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

Operator Comments:

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Related Chemical Reconditioning Treatment Sundries:

- Hammer 3-1HZ – Sundry 404631063
- 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 1064' on the wellbore diagram.

04/27/2026

Total: 1 comment(s)

ATTACHMENT LIST

Att Doc Num

Name

404631237

PROPOSED PROCEDURE

404636389

WELLBORE DIAGRAM

Total Attach: 2 Files