

**State of Colorado**  
**Energy & Carbon Management Commission**

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DE	ET	OE	ES
Document Number: <u>404286927</u>			
Date Received: <u>07/21/2025</u>			

**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>Drew Stormo</u>
Name of Operator: <u>KERR MCGEE OIL &amp; GAS ONSHORE LP</u>	Phone: <u>(970) 336-3802</u>
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City: <u>PLATTEVILLE</u> State: <u>CO</u> Zip: <u>80651</u>	Email: <u>drew_stormo@oxy.com</u>

**FORM 4 SUBMITTED FOR:**

Facility Type: WELL

API Number : 05- 123 36690 00 ID Number: 431614

Name: TURKEY SPRINGS Number: 29N-14HZ

Location QtrQtr: NWNE Section: 23 Township: 2N 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
431617	TURKEY SPRINGS 3C-14HZ

**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 <b>Surface</b> Footage <b>From:</b>		FNL/FSL		FEL/FWL
		758	FNL	2238
Change of <b>Surface</b> Footage <b>To:</b>				
Current <b>Surface</b> Location <b>From</b>	QtrQtr <u>NWNE</u> Sec <u>23</u>	Twp <u>2N</u>	Range <u>66W</u>	Meridian <u>6</u>
New <b>Surface</b> Location <b>To</b>	QtrQtr _____ Sec _____	Twp _____	Range _____	Meridian _____
Change of <b>Top of Productive Zone</b> Footage <b>From:</b>		486	FSL	1541
Change of <b>Top of Productive Zone</b> Footage <b>To:</b>				
Current <b>Top of Productive Zone</b> Location	Sec <u>14</u>	Twp <u>2N</u>	Range <u>66W</u>	
New <b>Top of Productive Zone</b> 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:**

 460 FNL 1538 FWL

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

### 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>	<u>Add</u>	<u>Modify</u>	<u>No Change</u>	<u>Delete</u>
NIOBRARA	NBRR		320	GWA			X	



Comments:

The former TURKEY SPRINGS 29N-14HZ AL well (API: 05-123-36690) was never drilled according to Form 4 Document Number 400754826 received by ECMC on December 17, 2014. On May 12, 2025, KMOG conducted a final reclamation inspection for the permitted TURKEY SPRINGS 29-14HZ AL well pad (Location ID: 431617). The permitted well was never drilled, and the Document Number 400754826 was submitted on December 17, 2014. The inspection determined that the well was never drilled, and the land remains undisturbed from proposed activity with this well. KMOG used ECMC planned drilled coordinates to locate the well and photographed using drone photography. A general site location map is included as Figure 1; and the Site Map displaying the location of the Abandoned Location on aerial drone imagery captured on May 12, 2025, is included as Figure 2; Photographs of the AL location were taken facing each cardinal direction toward the AL wellhead location. The photographic log is included as Figure 3. Historic imagery from the date the permit was submitted to the date the Form 4 Abandoned Location was submitted are included as Attachments.

Based on the abandonment of this permit, a Form 4 Sundry Notice requesting final reclamation status has been prepared for submittal to the ECMC. This letter will be included as an attachment to the electronic Form 4 submittal. This is not intended as a submittal under the Operator Notice for Drone Imagery, but as a supplement to a standard Final Reclamation Completion Notice.

**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 \_\_\_\_\_

- Bradenhead Plan
- Change Drilling Plan
- 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
- Venting or Flaring (Rule 903)
- Repair Well
- E&P Waste Mangement
- Beneficial Reuse of E&P Waste

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.

**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)
- 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 OGDP
- Other

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

## Operator Best Management Practices

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

**Operator Comments:**

Route to area reclamation specialist. Abandoned location.

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

Signed: \_\_\_\_\_ Print Name: Drew Stormo  
 Title: Advisor HSE Environ Ops Email: drew\_stormo@oxy.com Date: 7/21/2025

Based on the information provided herein, this Sundry Notice (Form 4) complies with ECMC Rules and applicable orders and is hereby approved.

ECMC Approved: Dunnam, Anthony Date: 5/21/2026

### 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>
Reclamation Specialist	The approval of this Form 4 is an acknowledgement that the document was received. It is not an approval of the final reclamation as the outcome of the methods will be determined on the ground during an inspection at a future date.	05/21/2026

Total: 1 comment(s)

### ATTACHMENT LIST

<u>Att Doc Num</u>	<u>Name</u>
404286927	SUNDRY NOTICE APPROVED-OBJ
404286952	OTHER
404667100	FORM 4 SUBMITTED

Total Attach: 3 Files