

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



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|--------------------------------------|----|----|----|
| DE | ET | OE | ES |
| Document Number: 402297846 | | | |
| Date Received: | | | |

SUNDRY NOTICE

Submit a signed original. This form is to be used for general, technical and environmental sundry information. For proposed or completed operations, describe in full in Comments or provide as an attachment. Identify Well by API Number; identify Oil and Gas Location by Location ID Number; identify other Facility by Facility ID Number.

OGCC Operator Number: 47120 Contact Name Kate Graves
 Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (970) 515-1627
 Address: 501 N DIVISION BLVD Fax: ()
 City: PLATTEVILLE State: CO Zip: 80651 Email: kate_graves@oxy.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 123 31124 00 OGCC Facility ID Number: 415596
 Well/Facility Name: VOGL Well/Facility Number: 14-36
 Location QtrQtr: SWSW Section: 36 Township: 3N Range: 68W Meridian: 6
 County: WELD Field Name: WATTENBERG
 Federal, Indian or State Lease Number:

| | | |
|---------------------|--|--|
| Survey Plat | | |
| Directional Survey | | |
| Srvc Eqpmt Diagram | | |
| Technical Info Page | | |
| Other | | |

CHANGE OF LOCATION OR AS BUILT GPS REPORT

☐ Change of Location * ☐ As-Built GPS Location Report ☐ As-Built GPS Location Report with Survey

* Well location change requires new plat. A substantive surface location change may require new Form 2A.

SURFACE LOCATION GPS DATA Data must be provided for Change of Surface Location and As Built Reports.

Latitude GPS Quality Value: Type of GPS Quality Value: Measurement Date:
 Longitude GPS Instrument Operator's Name

LOCATION CHANGE (all measurements in Feet)

Well will be: (Vertical, Directional, Horizontal)

Change of **Surface** Footage **From** Exterior Section Lines:

| | | | |
|------------|------------|------------|------------|
| FNL/FSL | | FEL/FWL | |
| <u>690</u> | <u>FSL</u> | <u>727</u> | <u>FWL</u> |
| <u></u> | <u></u> | <u></u> | <u></u> |

Change of **Surface** Footage **To** Exterior Section Lines:

Current **Surface** Location **From** QtrQtr SWSW Sec 36
 New **Surface** Location **To** QtrQtr Sec

Twp 3N Range 68W Meridian 6
 Twp Range Meridian

Change of **Top of Productive Zone** Footage **From** Exterior Section Lines:

| | | | |
|------------|------------|-------------|------------|
| <u>699</u> | <u>FSL</u> | <u>1968</u> | <u>FWL</u> |
| <u></u> | <u></u> | <u></u> | <u></u> |

Change of **Top of Productive Zone** Footage **To** Exterior Section Lines:

Current **Top of Productive Zone** Location **From** Sec 36
 New **Top of Productive Zone** Location **To** Sec

Twp 3N Range 68W
 Twp Range

Change of **Bottomhole** Footage **From** Exterior Section Lines:

| | | | |
|------------|------------|-------------|------------|
| <u>693</u> | <u>FSL</u> | <u>1981</u> | <u>FWL</u> |
| <u></u> | <u></u> | <u></u> | <u></u> |

Change of **Bottomhole** Footage **To** Exterior Section Lines:

Current **Bottomhole** Location Sec 36 Twp 3N
 New **Bottomhole** Location Sec Twp

Range 68W **** attach deviated drilling plan**
 Range

Is location in High Density Area?

Distance, in feet, to nearest building , public road: , above ground utility: , railroad: ,
 property line: , lease line: , well in same formation:

Ground Elevation feet Surface owner consultation date

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> |
|----------------------------|-----------------------|-----------------------------|---------------------|---------------------------|
| | | | | |

OTHER CHANGES

☐ **REMOVE FROM SURFACE BOND** Signed surface use agreement is a required attachment

☐ **CHANGE OF WELL, FACILITY OR OIL & GAS LOCATION NAME OR NUMBER**

From: Name VOGL Number 14-36 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) – COGCC Pit Facility ID Number _____ has not been constructed (Permitted and constructed pit requires closure per Rule 905)

☐ **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 908)

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 CONFIDENTIAL STATUS**

☐ **DIGITAL WELL LOG UPLOAD**

☐ **DOCUMENTS SUBMITTED** Purpose of Submission: _____

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

Comments:

The former VOGL 14-36 well (API: 05-123-31124) was P&A'd on June 3, 2019 as identified in the Form 6, Document Number 402080039. On December 11, 2019 LTE conducted a final reclamation inspection for the VOGL 14-36 well pad and has determined that the site is in compliance with final reclamation requirements per COGCC Rule 1004. The former VOGL 14-36 well is located on an active pad (Location ID: 331358) and the associated active tank battery is located 0.12 miles east of the well pad. The former VOGL 14-36 well pad remains in use servicing Kerr-McGee producing wells: API: 05-123-39681; API: 05-123-39683; API: 05-123-38834; API: 05-123-38835; API: 05-123-38833 and API: 05-123-39688. All disturbed areas have been compacted and stabilized with roadbase to minimize erosion. LTE personnel located the P&A wellhead location using a handheld Trimble (R1) Global Positioning System (GPS) unit and latitude and longitude coordinates obtained from the COGCC online database. Photographs of the P&A location were taken facing each cardinal direction from the P&A wellhead location. Please see the attached letter, general site location map and photographic log.

ENGINEERING AND ENVIRONMENTAL WORK☐ **NOTICE OF CONTINUED TEMPORARILY ABANDONED STATUS**

Indicate why the well is temporarily abandoned and describe future plans for utilization in the COMMENTS box below or provide as an attachment, as required by Rule 319.b.(3).

Date well temporarily abandoned _____ Has Production Equipment been removed from site? _____

Mechanical Integrity Test (MIT) required if shut in longer than 2 years. Date of last MIT _____

☐ **SPUD DATE:** _____**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** Approximate Start Date _____

☐ **REPORT OF WORK DONE** Date Work Completed _____

- | | | |
|--|---|--|
| <input type="checkbox"/> Intent to Recomplete (Form 2 also required) | <input type="checkbox"/> Request to Vent or Flare | <input type="checkbox"/> E&P Waste Management Plan |
| <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"/> Rule 502 variance requested. Must provide detailed info regarding request. | |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases | |

COMMENTS:**CASING AND CEMENTING CHANGES**

| Casing Type | Size | Of | / | Hole | Size | Of | / | Casing | Wt/Ft | Csg/LinTop | Setting Depth | Sacks of Cement | Cement Bottom | Cement Top |
|-------------|------|----|---|------|------|----|---|--------|-------|------------|---------------|-----------------|---------------|------------|
| | | | | | | | | | | | | | | |

H2S REPORTING

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:

| |
|--|
| |
|--|

Best Management Practices

No BMP/COA Type

Description

| | |
|--|--|
| | |
|--|--|

Operator Comments:

Please route to Chris Binschus Reclamation Specialist.

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

Signed: _____ Print Name: Kate Graves

Title: Sr. HSE Representative Email: kate_graves@oxy.com Date: _____

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

COGCC Approved: _____ Date: _____

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

| | |
|--|--|
| | |
|--|--|

General Comments

User Group

Comment

Comment Date

| | | |
|--|--|---------------------|
| | | Stamp Upon Approval |
|--|--|---------------------|

Total: 0 comment(s)

Attachment Check List

Att Doc Num

Name

| | |
|-----------|-----------------------------|
| 402327853 | FINAL RECLAMATION PROCEDURE |
|-----------|-----------------------------|

Total Attach: 1 Files