

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 |
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Submit By Other Operator

Document Number:
400857680

Date Received:
06/23/2015

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: 100322 Contact Name Eileen Roberts

Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4330

Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202 Email: eroberts@nobleenergyinc.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 123 07226 00 OGCC Facility ID Number: 239439

Well/Facility Name: UPRC Well/Facility Number: 23-13A

Location QtrQtr: SWSW Section: 23 Township: 5N Range: 64W Meridian: 6

County: WELD Field Name: WATTENBERG

Federal, Indian or State Lease Number: 65960

| | | |
|---------------------|--|--|
| 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 _____ PDOP Reading _____ Date of Measurement _____

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 | |
| 660 | FSL | 660 | FWL |
| | | | |

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

Current **Surface** Location **From** QtrQtr SWSW Sec 23 Twp 5N Range 64W Meridian 6

New **Surface** Location **To** QtrQtr Sec Twp Range Meridian

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

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

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

Current **Top of Productive Zone** Location **From** Sec Twp Range

New **Top of Productive Zone** Location **To** Sec Twp Range

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

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

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

Current **Bottomhole** Location Sec Twp Range ** attach deviated drilling plan

New **Bottomhole** Location Sec Twp 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 _____

Comments:

Empty box for comments.

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 07/05/2015

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 Mangement Plan |
| <input type="checkbox"/> Change Drilling Plan | <input checked="" 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:

WORKOVER PROCEDURE

WELL NAME: UPRC 23-13A DATE: 6/17/2015
LOCATION:
Qtr/Qtr: SWSW Section: 23 Township: 5N Range: 64W
COUNTY: WELD STATE: CO API #: 05-123-07226

ENGINEER: Jacob Eicher 7 Day Notice Sent:
(Please notify Engineer of any major Do not start operations until:
changes prior to work) Notice Expires:

OBJECTIVE: Annular Fill - Fox Hills and Pierre

WELL DATA: Surface Csg: 8 5/8" 24# J-55 205' KB Elevation: 4605'
Surface Cmt: 205' GL Elevation: 4595'
Long St Csg: 4 1/2" 10.50# K-55 7350' TD: 7338'
Long St Cmt: 6630' - 7350' PBTD: 7313'
Long St Date: 1/8/1971
Liner: 2 7/8" 6.50# WC-50 7302'
Remedial Cement: 1660' - 1950' , 2412' - 3503' , 2728' - 2796'

Plug Back (Sand or CIBP): TAG TO LAND TBG
Perforation Interval (1): CODELL 6741' - 6752'
Perforation Interval (2): J SAND 7202' - 7267'
Perforation Interval (3):
Perforation Interval (4):

Tubing: 1 9/10" 2.75# J-55 6701' Rods:
Pump:
Misc.:

PRODUCTION STATUS: 4 BOEPD

COMMENTS: Base of Fox Hills @ 220' Pierre 338' - 1357'

PROCEDURE:

- 1) MIRU Workover rig, pump & tank.
- 2) Control well with kill fluid
- 3) POOH 1 9/10" tubing
- 4) RIH w/ Bit & Scraper. Tag fill if any. Clean out to PBTD (tally in). TOO H
- 5) RIH w/RBP. Set RBP @ +/-6691', spot 2 sx of sand on top of RBP. Test RBP 2,000psi. TOO H
- 6) RIH w/ 2 1/8" chemical cutter and cut liner @ 6250'
- 7) POOH 2 7/8" liner. Pressure test plug to 2000 psi to ensure no HIC have been exposed
- 8) If HIC present, locate and call Joe Brnak, Erich Zwaagstra, or Jacob Eicher. If HIC are above 1450' the FH / Pierre annular fill will fix. If HIC are deep, production will need to run economics make P&A decision
- 9) If no HIC, run CBL from 4000' to surface to find TOC
- 10) Unland casing if possible
- 11) Trip in 1 1/4" tubing down annular w/ mule shoe to +/- 1457' (or TOC), condition hole.
- 12) RU cement crew, pump 506 sxs 15.8ppg "G" neat cement bringing cement to surface (cement volume assuming start point of 1457')
- 13) POOH with 1 1/4" tubing, land casing.
- 14) SI well overnight, run CBL recording new cement depths
- 15) Clean out hole and consult work schedule for direction regarding leaving plug, setting packer, or changing the wellhead

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Long St Cmt: 6630' - 7350' P

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

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

Operator Comments:

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

Signed: _____ Print Name: Eileen Roberts
Title: Regulatory Analyst I Email: eroberts@nobleenergyinc.com Date: 6/23/2015

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

COGCC Approved: JENKINS, STEVE Date: 6/24/2015

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

| | |
|--|--|
| | Submit CBL via Sundry Form 4 after repairs are complete. |
|--|--|

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)

Attachment Check List

Att Doc Num

Name

| | |
|-----------|------------------|
| 400857680 | FORM 4 SUBMITTED |
|-----------|------------------|

Total Attach: 1 Files