


FORM 6 Rev 12/05	State of Colorado Oil and Gas Conservation Commission 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Date Received: 01/04/2011 Document Number: 1634845	DE	ET	OE	ES	
DE	ET	OE	ES					
WELL ABANDONMENT REPORT								
<p>This form is to be submitted as an Intent to Abandon whenever an abandonment is planned on a borehole. After the abandonment is complete, this form shall again be submitted as a Subsequent Report of the actual work completed. The approved intent shall be valid for six months after the approval date, after that period, a new intent will be required. Attachments required with the Intent to Abandon are wellbore diagrams of the current configuration and the proposed configuration with plugs set.</p> <p>A Subsequent Report of Abandonment shall indicate the actual work completed. Attachments required with a Subsequent Report are a wellbore diagram showing plugs that were set and casing remaining in the hole, the job summaries from all plugging contractors used, including wireline and cementing (third party verification) and any logs that may have been run during abandonment.</p>								
OGCC Operator Number: <u>55575</u>		Contact Name: <u>MARK ELLIOTT</u>						
Name of Operator: <u>MCELVAIN OIL & GAS PROPERTIES</u>		Phone: <u>(303) 893-0933</u>						
Address: <u>1050 17TH ST STE 2500</u>		Fax: <u>(303) 893-0914</u>						
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80265-20</u>	Email: <u>MARKE@MCELVAIN.COM</u>					
For "Intent" 24 hour notice required, COGCC contact:								
Name: <u>QUINT, CRAIG</u>		Tel: <u>(719) 767-8939</u>						
Email: <u>craig.quint@state.co.us</u>								
API Number <u>05-125-10829-00</u>								
Well Name: <u>RAVEN</u>		Well Number: <u>3-16</u>						
Location: QtrQtr: <u>SESE</u>	Section: <u>3</u>	Township: <u>3S</u>	Range: <u>46W</u> Meridian: <u>6</u>					
County: <u>YUMA</u>		Federal, Indian or State Lease Number: _____						
Field Name: <u>WINGSPAN</u>		Field Number: <u>93700</u>						
<input checked="" type="checkbox"/> Notice of Intent to Abandon <input type="checkbox"/> Subsequent Report of Abandonment								
<i>Only Complete the Following Background Information for Intent to Abandon</i>								
Latitude: <u>39.819310</u>		Longitude: <u>-102.504030</u>						
GPS Data:								
Data of Measurement: <u>08/15/2007</u>		PDOP Reading: <u>1.9</u>						
GPS Instrument Operator's Name: <u>KATHY MCCORMICK</u>								
Reason for Abandonment: <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Production for Sub-economic <input type="checkbox"/> Mechanical Problems								
<input type="checkbox"/> Other _____								
Casing to be pulled: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Top of Casing Cement: _____						
Fish in Hole: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, explain details below						
Wellbore has Uncemented Casing leaks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, explain details below						
Details: _____								
Current and Previously Abandoned Zones								
Formation	Perf. Top	Perf. Btm	Abandoned Date	Method of Isolation	Plug Depth			
NIOBRARA	2200	2210						
Total: 1 zone(s)								
Casing History								
Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bot	Cement Top	Status
SURF	9+7/8	7		286	100	286	0	
1ST	6+1/4	4+1/2		2,383	175	2,383	0	

Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 2100 with 2 sacks cmt on top. CIPB #2: Depth _____ with _____ sacks cmt on top.
 CIBP #3: Depth _____ with _____ sacks cmt on top. CIPB #4: Depth _____ with _____ sacks cmt on top.
 CIBP #5: Depth _____ with _____ sacks cmt on top.

NOTE: Two(2) sacks cement required on all CIBPs.

Set <u>10</u> sks cmt from <u>220</u> ft. to <u>330</u> ft. in	Plug Type: <u>CASING</u>	Plug Tagged: <input type="checkbox"/>
Set _____ sks cmt from _____ ft. to _____ ft. in	Plug Type: _____	Plug Tagged: <input type="checkbox"/>
Set _____ sks cmt from _____ ft. to _____ ft. in	Plug Type: _____	Plug Tagged: <input type="checkbox"/>
Set _____ sks cmt from _____ ft. to _____ ft. in	Plug Type: _____	Plug Tagged: <input type="checkbox"/>
Set _____ sks cmt from _____ ft. to _____ ft. in	Plug Type: _____	Plug Tagged: <input type="checkbox"/>

Perforate and squeeze at _____ ft. with _____ sacks. Leave at least 100 ft. in casing _____ CICR Depth
 Perforate and squeeze at _____ ft. with _____ sacks. Leave at least 100 ft. in casing _____ CICR Depth
 Perforate and squeeze at _____ ft. with _____ sacks. Leave at least 100 ft. in casing _____ CICR Depth

(Cast Iron Cement Retainer Depth)

Set _____ sacks half in. half out surface casing from _____ ft. to _____ ft. Plug Tagged: ☐

Set 10 sacks at surface

Cut four feet below ground level, weld on plate Above Ground Dry-Hole Marker: ☒ Yes ☐ No

Set _____ sacks in rat hole Set _____ sacks in mouse hole

Additional Plugging Information for Subsequent Report Only

Casing Recovered: _____ ft. of _____ inch casing Plugging Date: _____

*Wireline Contractor: _____ *Cementing Contractor: _____

Type of Cement and Additives Used: _____

Flowline/Pipeline has been abandoned per Rule 1103 ☐ Yes ☐ No *ATTACH JOB SUMMARY

Technical Detail/Comments:

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

Signed: _____ Print Name: MARK ELLIOTT

Title: OPERATIONS ENGINEER Date: 3/21/2011 Email: MARKE@MCELVAIN.COM

Based on the information provided herein, this Well Abandonment Report (Form 6) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: SUTPHIN, DIRK Date: 4/29/2011

CONDITIONS OF APPROVAL, IF ANY: _____ Expiration Date: 10/28/2011

- 1) Note changes to Form 6 submitted.
- 2) Provide 24 hour notice of MIRU to Craig Quint at 719-767-8939 or e-mail at craig.quint@state.co.us.

Attachment Check List

Att Doc Num	Name
1634845	FORM 6 INTENT SUBMITTED

Total Attach: 1 Files

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)