


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: 02/28/2011 Document Number: 1633801	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>27480</u>		Contact Name: <u>KIRT SNYDER</u>						
Name of Operator: <u>ENERGEN RESOURCES CORPORATION</u>		Phone: <u>(505) 325-6800</u>						
Address: <u>2010 AFTON PLACE</u>		Fax: <u>(505) 326-6112</u>						
City: <u>FARMINGTON</u>	State: <u>NM</u>	Zip: <u>87401</u>	Email: <u>KSNYDER@ENERGEN.COM</u>					
For "Intent" 24 hour notice required, COGCC contact:		Name: <u>MELTON, LES</u> Tel: <u>(970) 903-5311</u> Email: <u>les.melton@state.co.us</u>						
<hr/>								
API Number <u>05-067-09473-00</u>		Well Number: <u>15-3</u>						
Well Name: <u>QUINTANA 32-6</u>		Location: QtrQtr: <u>SENE</u> Section: <u>15</u> Township: <u>32N</u> Range: <u>6W</u> Meridian: <u>N</u>						
County: <u>LA PLATA</u>		Federal, Indian or State Lease Number: _____						
Field Name: <u>IGNACIO BLANCO</u>		Field Number: <u>38300</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>37.017950</u>		Longitude: <u>-107.481800</u>						
GPS Data:								
Data of Measurement: <u>06/13/2007</u>		PDOP Reading: <u>3.0</u>						
GPS Instrument Operator's Name: <u>KENNETH E REAScott</u>								
Reason for Abandonment: <input type="checkbox"/> Dry <input 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			
Total: 0 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	12+1/4	9+5/8	32	437	300	437	0	VISU
1ST	8+3/4	7	23	3,176	475	3,176	0	CBL
1ST LINER	6+1/4	4+1/2	11.6	2,972	0			

Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 2540 with 20 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>20</u> sks cmt from <u>2540</u> ft. to <u>2440</u> ft. in	Plug Type: <u>CASING</u>	Plug Tagged: <input type="checkbox"/>
Set <u>41</u> sks cmt from <u>1640</u> ft. to <u>1430</u> ft. in	Plug Type: <u>CASING</u>	Plug Tagged: <input type="checkbox"/>
Set <u>31</u> sks cmt from <u>550</u> ft. to <u>390</u> ft. in	Plug Type: <u>CASING</u>	Plug Tagged: <input type="checkbox"/>
Set <u>20</u> sks cmt from <u>100</u> 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 _____ 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: KIRT SNYDER

Title: DISTRICT ENGINEER Date: 2/24/2011 Email: KSNYDER@ENERGEN.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: WEEMS, MARK Date: 5/11/2011

CONDITIONS OF APPROVAL, IF ANY: _____ Expiration Date: 11/10/2011

CASING HISTORY
 3 SETTING DEPTH 2972 TO 3406 MD

Notify 48 hrs prior to MIRU mark.weems@state.co.us or 970-259-4587

Attachment Check List

Att Doc Num	Name
1633801	FORM 6 INTENT SUBMITTED
1633802	WELLBORE DIAGRAM
1633803	OPERATIONS SUMMARY

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)