

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bot	Cement Top	Status
SURF	12+1/4	8+5/8	24	525	265	525	0	VISU
1ST	7+7/8	4+1/2	11.6	7,508	260	7,508	6,115	CBL
S.C. 1.1				7,508	520	4,760	3,377	CBL
1ST LINER	3+7/8	2+7/8	6.5	7,940	21	7,940	7,452	CBL

Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 7440 with 2 sacks cmt on top. CIPB #2: Depth 7280 with 35 sacks cmt on top.
 CIBP #3: Depth 80 with 25 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 35 sks cmt from 7280 ft. to 6666 ft. Plug Type: CASING Plug Tagged:
 Set 40 sks cmt from 4560 ft. to 4026 ft. Plug Type: CASING Plug Tagged:
 Set _____ sks cmt from _____ ft. to _____ ft. Plug Type: _____ Plug Tagged:
 Set _____ sks cmt from _____ ft. to _____ ft. Plug Type: _____ Plug Tagged:
 Set _____ sks cmt from _____ ft. to _____ ft. Plug Type: _____ Plug Tagged:

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 530 sacks half in. half out surface casing from 1240 ft. to 425 ft. Plug Tagged:
 Set 25 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: CHERYL LIGHT
 Title: SR. REGULATORY ANALYST Date: _____ Email: DJREGULATORY@ANADARKO.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: _____ Date: _____

CONDITIONS OF APPROVAL, IF ANY: _____ Expiration Date: _____

COA Type	Description

Attachment Check List

Att Doc Num

Name

400964075	WELLBORE DIAGRAM
400964076	PROPOSED PLUGGING PROCEDURE

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)