

FORM
6Rev
12/05

State of Colorado Oil and Gas Conservation Commission

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



DE	ET	OE	ES
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Date Received:			

WELL ABANDONMENT REPORT

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. 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.

OGCC Operator Number: 69175	Contact Name: Jenifer Hakkarinen
Name of Operator: PDC ENERGY INC	Phone: (303) 8605800
Address: 1775 SHERMAN STREET - STE 3000	Fax:
City: DENVER State: CO Zip: 80203	Email: Jenifer.Hakkarinen@pdce.com
For "Intent" 24 hour notice required, Name: O'Donnell, Shaun Tel: (720) 305-8280 COGCC contact: Email: shaun.odonnell@state.co.us	

API Number 05-123-22851-00	Well Number: 11-24
Well Name: GREEN	
Location: QtrQtr: NWNW Section: 24 Township: 7N Range: 65W Meridian: 6	
County: WELD	Federal, Indian or State Lease Number:
Field Name: WATTENBERG	Field Number: 90750

☒ Notice of Intent to Abandon ☐ Subsequent Report of Abandonment

Only Complete the Following Background Information for Intent to Abandon

Latitude: 40.564310	Longitude: -104.618000
GPS Data:	
Date of Measurement: 04/18/2008	PDOP Reading: 2.3
GPS Instrument Operator's Name: Holly L. Tracy	
Reason for Abandonment: <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Production Sub-economic <input type="checkbox"/> Mechanical Problems	
<input type="checkbox"/> Other	
Casing to be pulled: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Estimated Depth: 3000
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
CODELL	7220	7228			
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	12+1/4	8+5/8	24	544	300	544	0	VISU
1ST	7+7/8	4+1/2	10.5	7,395	430	7,395	3,412	CBL

Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 7170 with 2 sacks cmt on top. CIBP #2: Depth 6904 with 2 sacks cmt on top.
CIBP #3: Depth _____ with _____ sacks cmt on top. CIBP #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>60</u> sks cmt from <u>3125</u> ft. to <u>2900</u> ft.	Plug Type: <u>STUB PLUG</u>	Plug Tagged: <input type="checkbox"/>
Set <u>150</u> sks cmt from <u>2840</u> ft. to <u>2580</u> ft.	Plug Type: <u>OPEN HOLE</u>	Plug Tagged: <input type="checkbox"/>
Set <u>550</u> sks cmt from <u>750</u> ft. to <u>0</u> ft.	Plug Type: <u>OPEN HOLE</u>	Plug Tagged: <input type="checkbox"/>
Set _____ sks cmt from _____ ft. to _____ ft.	Plug Type: _____	Plug Tagged: <input type="checkbox"/>
Set _____ sks cmt from _____ ft. to _____ ft.	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:

Green 11-24 (05-123-22851)/Plugging Procedure (Intent)
Producing Formation: Codell: 7220'-7228'
Upper Pierre Aquifer: 2688'-2732'
TD: 7413' PBTD: 7350'
Surface Casing: 8 5/8" 24# @ 544' w/ 300 sxs
Production Casing: 4 1/2" 10.5# @ 7395' w/ 430 sxs cmt (TOC @ 3412' - CBL).

Tubing: 2 3/8" tubing set @ 7109' (11/11/2015).

Proposed Procedure:

1. MIRU pulling unit. Pull 2 3/8" tubing.
2. RU wireline company.
3. TIH with CIBP. Set BP at 7170'. Top with 2 sxs 15.8#/gal CI G cement.
4. TIH with CIBP. Set BP at 6904'. Top with 2 sxs 15.8#/gal CI G cement.
5. TIH with casing cutter. Cut 4 1/2" casing at 3000'. Pull cut casing.
6. TIH with tubing to 3125'. RU cementing company. Mix and pump 60 sxs 15.8#/gal CI G cement with 2% CaCl down tubing.
7. Pick up tubing to 2840'. Mix and pump 150 sxs 15.8#/gal CI G cement down tubing.
8. Pick up tubing to 750'. Mix and pump 550 sxs 15.8#/gal CI G cement down tubing. Cement should circulate to surface.
9. Cut surface casing 6' below ground level and weld on cap.

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

Signed: _____ Print Name: Jenifer Hakkarinen

Title: Reg Tech Date: _____ Email: Jenifer.Hakkarinen@pdce.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

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Attachment Check List

Att Doc Num

Name

401530893	WELLBORE DIAGRAM
401530894	WELLBORE DIAGRAM
401530895	GYRO SURVEY

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)