

FORM
6Rev
05/18

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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Document Number:

401637898

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: Gomez, Jason

Tel: (970) 573-1277

COGCC contact:

Email: jason.gomez@state.co.us

API Number 05-123-25944-00

Well Name: BUTTERBALL

Well Number: 14-19

Location: QtrQtr: SWSW Section: 19 Township: 3N Range: 64W 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: 40.205220

Longitude: -104.600470

GPS Data:

Date of Measurement: 09/18/2007

PDOP Reading: 2.7

GPS Instrument Operator's Name: HOLLY L. TRACY

Reason for Abandonment:

☐ Dry☒ Production Sub-economic☐ Mechanical Problems☐ OtherCasing to be pulled: ☒ Yes☐ No

Estimated Depth: 1700

Fish in Hole: ☐ Yes☒ No

If yes, explain details below

Wellbore has Uncemented Casing leaks:

☐ Yes☒ 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	7031	7041			
NIOBRARA	6800	6813			

Total: 2 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	678	480	678	0	VISU
1ST	7+7/8	4+1/2	10.5	7,191	140	7,191	5,900	CBL
			Stage Tool	4,700	238	4,700	4,020	CBL

Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 6750 with 2 sacks cmt on top. CIBP #2: Depth _____ with _____ 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>40</u> sks cmt from <u>5212</u> ft. to <u>4688</u> ft.	Plug Type: <u>CASING</u>	Plug Tagged: <input type="checkbox"/>
Set <u>255</u> sks cmt from <u>1825</u> ft. to <u>1400</u> ft.	Plug Type: <u>STUB PLUG</u>	Plug Tagged: <input type="checkbox"/>
Set <u>470</u> sks cmt from <u>900</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. _____ inch casing Plugging Date: _____
of _____

*Wireline Contractor: _____ *Cementing Contractor: _____

Type of Cement and Additives Used: _____

Flowline/Pipeline has been abandoned per Rule 1105 ☐ Yes ☐ No *ATTACH JOB SUMMARY

Technical Detail/Comments:

Butterball 14-19 (05-123-25944)/Plugging Procedure (Intent)
Producing Formation: Niobrara: 6800'-6813' Codell: 7031'-7041'
Upper Pierre Aquifer: 617'-1562'
TD: 7652' PBTD: 7165'

Surface Casing: 8 5/8" 24# @ 678' w/ 480 sxs

Production Casing: 4 1/2" 10.5# @ 7191' w/ 140 sxs cmt (TOC @ 5900' - CBL). DV Tool @ 4700' w/ 238 sxs cmt (TOC @ 4020' - CBL).

Tubing: 2 3/8" tubing set @ 7025' (4/24/2014).

Proposed Procedure:

1. MIRU pulling unit. Pull 2 3/8" tubing.
2. RU wireline company.
3. TIH with CIBP. Set BP at 6750'. Top with 2 sxs 15.8#/gal CI G cement.
4. Run CBL from 4200' to Surface to confirm TOC @ 4020'. If TOC is higher than 1700', call engineer for further directions.
5. TIH with tubing to 5215'. RU cementing company. Mix and pump 40 sxs 15.8#/gal CI G cement down tubing. TOOH with tubing.
6. TIH with casing cutter. Cut 4 1/2" casing at 1700'. Pull cut casing.
7. TIH with tubing to 1825'. Mix and pump 255 sxs 15.8#/gal CI G cement w/ 2% CaCl down tubing (coverage from 1825'-1400').
8. Pick up tubing to 900'. Mix and pump 470 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

401637907	WELLBORE DIAGRAM
401637909	WELLBORE DIAGRAM
401637913	GYRO SURVEY

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)