

FORM
6Rev
05/18State 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: Evins, Bret Tel: (970) 420-6699	
COGCC contact: Email: bret.evins@state.co.us	

API Number 05-123-22981-00	Well Number: 5
Well Name: LEFFLER	
Location: QtrQtr: NENE Section: 27 Township: 6N Range: 66W Meridian: 6	
County: WELD	Federal, Indian or State Lease Number:
Field Name: BRACEWELL	Field Number: 7487

☒ Notice of Intent to Abandon ☐ Subsequent Report of Abandonment

Only Complete the Following Background Information for Intent to Abandon

Latitude: 40.463080	Longitude: -104.758470
GPS Data:	
Date of Measurement: 08/23/2007	PDOP Reading: 5.2
GPS Instrument Operator's Name: FRANK HOLUBEC	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Estimated Depth:
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	7144	7162			
NIOBRARA	6838	7054			
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	383	270	383	0	VISU
1ST	7+7/8	4+1/2	11.6	7,414	690	7,417	146	CBL

Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 6788 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 40 sks cmt from 1600 ft. to 1075 ft. Plug Type: CASING Plug Tagged: ☐
Set 50 sks cmt from 600 ft. to 0 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 135 ft. with 30 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:

Leffler 5 (05-123-22981)/Plugging Procedure (Intent)
Producing Formation: Niobrara: 6838'-7054' Codell: 7144'-7162'
Upper Pierre Aquifer: 424'-1420'
TD: 7417' PBD: 7355'
Surface Casing: 8 5/8" 24# @ 383' w/ 270 sxs
Production Casing: 4 1/2" 11.6# @ 7417' w/ 690 sxs cmt (TOC @ 146' - CBL).

Tubing: 2 3/8" tubing set @ 7124' (4/19/2007).

Proposed Procedure:

1. MIRU pulling unit. Pull 2 3/8" tubing.
2. RU wireline company.
3. TIH with CIBP. Set BP at 6788'. Top with 2 sxs 15.8#/gal CI G cement.
4. TIH with tubing to 1600'. RU cementing company. Mix and pump 40 sxs 15.8#/gal CI G cement down tubing (Pierre coverage from 1075'-1600').
5. TIH with perforation gun. Shoot 2 holes for annular squeeze at 135' @ 1 SPF or preferred.
6. TIH with tubing to 600'. RU cementing company. Mix and pump 50 sxs 15.8#/gal CI G cement down tubing. Cement should circulate to surface. TOOH with tubing.
7. Close off casing returns. Hook up cement line to cement flange and pump 30 sxs 15.8#/gal CI G cement downhole and squeeze through perforations at 135' into annular space. Cement should circulate to surface.
8. 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: _____

<u>COA Type</u>	<u>Description</u>
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
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401667336	WELLBORE DIAGRAM
401667338	WELLBORE DIAGRAM
401667339	GYRO SURVEY

Total Attach: 3 Files

General Comments

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

		Stamp Upon Approval
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Total: 0 comment(s)