FORM 6 Rev 05/18	State of Colorado Oil and Gas Conservation Commission		DE	ET	OE	ES

State of Colorado
Oil and Gas Conservation Commission

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

WELL ABANDONMENT REPORT

Document Number: 401677630

Date Received:

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: 10261   Contact Name: KEVIN KANE

Name of Operator: BAYSWATER EXPLORATION & PRODUCTION LLC   Phone: (303) 893-2503

Address: 730 17TH ST STE 500   Fax:

City: DENVER   State: CO   Zip: 80202   Email: kkane@bayswater.us

For "Intent" 24 hour notice required, COGCC contact: Name: Precup, Jim   Tel: (303) 726-3822
Email: james.precup@state.co.us

API Number: 05-001-06492-00

Well Name: DUMLER   Well Number: 3A

Location: QtrQtr: SWNE   Section: 24   Township: 2S   Range: 62W   Meridian: 6

County: ADAMS   Federal, Indian or State Lease Number:

Field Name: IRONDALE   Field Number: 39350

☒ Notice of Intent to Abandon   ☐ Subsequent Report of Abandonment

Only Complete the Following Background Information for Intent to Abandon

Latitude: 39.863797   Longitude: -104.270244

GPS Data:

Date of Measurement: 08/24/2010   PDOP Reading: 3.3   GPS Instrument Operator's Name: Steve Robison

Reason for Abandonment: ☐ Dry   ☒ Production Sub-economic   ☐ Mechanical Problems
☐ Other _____

Casing to be pulled: ☐ Yes   ☒ No   Estimated Depth: _____

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
D SAND	7065	7079			

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	208	150	208	0	VISU
1ST	7+7/8	5+1/2	17	7,250	150	7,250	6,200	CALC
	7+7/8	5+1/2	Stage Tool	950	160	950	0	VISU

Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth __7000__ with __2__ 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 __50__ sks cmt from __408__ ft. to __0__ ft. Plug Type: __ANNULUS__ 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: ☐

Set _____ sks cmt from _____ ft. to _____ ft. Plug Type: _____ Plug Tagged: ☐

Perforate and squeeze at __6050__ ft. with __50__ sacks. Leave at least 100 ft. in casing __6000__ 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 1105 ☐ Yes ☐ No *ATTACH JOB SUMMARY

Technical Detail/Comments:

Proposed Plugging Procedure:
1) Perform Bradenhead test. Sample any fluid or gas present on bradenhead and provide to the state.
2) MIRU workover rig, pump and tank
3) Kill well as necessary with treated water
4) Unhang rods, unseat pump, POOH LD pump & rods
5) NDWH, NUBOPE
6) Un-land 2 7/8" production tubing, RIH to tag PBTD, POOH w/TBG
7) RUWL, Run gyro survey
8) Run cement bond log, report cement top to engineer
9) RIH with CIBP & set @ 7,000', Dump Bail 2 sacks of cement on plug
10) RIH & perforate 3 jspf, 6,050'-6,052'. RDWL.
11) PU CICR & RIH on 2 7/8" tbg. Set CICR @ 6,000'
12) RU Cementers and squeeze perforations with 50 sx cement. Displace cement out retainer, sting out of CICR & dump 2 sx cmt on top of CICR.
13) POOH LD TBG.
14) RIH with 2 7/8" tubing to 408' (200' below surface casing shoe)
15) RU cementers
16) Pump 50 sx cement plug from 408' to surface
17) Tag up on cement or confirm to surface
18) RDMO location with workover rig
19) Dig up and cut casing below surface (6'), weld on dry hole marker
20) Remove all surface facilities related to the Dumler 3A.
21) Restore Pad as per state requirements.

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

Signed: _____ Print Name: PAUL GOTTLOB

Title: Regulatory & Engin. Tech.   Date: _____   Email: paul.gottlob@iptenergyservices.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**
401679338	WELLBORE DIAGRAM
401679339	PROPOSED PLUGGING PROCEDURE
401679340	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

User Group	**Comment**	**Comment Date**
		Stamp Upon Approval

Total: 0 comment(s)