

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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| DE | ET | OE | ES |
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Document Number:

401714597

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: Kraich, Adam

Tel: (970) 420-0536

COGCC contact:

Email: adam.kraich@state.co.us

API Number 05-123-11010-00

Well Name: ROTHARMEL

Well Number: 1

Location: QtrQtr: NENW Section: 33 Township: 7N Range: 66W Meridian: 6

County: WELD

Federal, Indian or State Lease Number: 55691

Field Name: EATON

Field Number: 19350

☒ Notice of Intent to Abandon☐ Subsequent Report of Abandonment

Only Complete the Following Background Information for Intent to Abandon

Latitude: 40.536690

Longitude: -104.786170

GPS Data:

Date of Measurement: 02/15/2008

PDOP Reading: 2.8

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: 1600

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 | 7346 | 7360 | | | |

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 | 247 | 175 | 247 | 0 | VISU |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 7,500 | 225 | 7,500 | 6,900 | CBL |

Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 7296 with 2 sacks cmt on top. CIBP #2: Depth 6960 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 255 sks cmt from 1715 ft. to 1300 ft. Plug Type: STUB PLUG Plug Tagged: ☐
Set 825 sks cmt from 1000 ft. to 0 ft. Plug Type: OPEN HOLE 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 _____ 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:

Rotharmel 1 (05-123-11010/Plugging Procedure (Intent)

Producing Formation: Codell: 7346'-7360'

Upper Pierre Aquifer: 408'-1482'

TD: 7936' PBTD: 7383'

Surface Casing: 8 5/8" 24# @ 247' w/ 175 sxs

Production Casing: 4 1/2" 11.6# @ 7500' w/ 225 sxs cmt (TOC @ 6900' - CBL).

Tubing: 2 3/8" tubing set @ 7328.9' (12/3/2015).

Proposed Procedure:

1. MIRU pulling unit. Pull 2 3/8" tubing.

2. RU wireline company.

3. TIH with CIBP. Set BP at 7296'. Top with 2 sxs 15.8#/gal CI G cement.

4. TIH with CIBP. Set BP at 6960'. Top with 2 sxs 15.8#/gal CI G cement.

5. TIH with casing cutter. Cut 4 1/2" casing at 1600'. Pull cut casing.

6. TIH with tubing to 1715'. RU cementing company. Mix and pump 255 sxs 15.8#/gal CI G cement w/ 2% CaCl down tubing (Pierre coverage from 1715'-1300').

7. Pick up tubing to 1000'. RU cementing company. Mix and pump 825 sxs 15.8#/gal CI G cement down tubing. Cement should circulate to surface. (Nearest water well depth within 1 mile 800').

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: _____

COA Type

Description

| | |
|--|--|
| | |
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Attachment Check List

Att Doc Num

Name

| | |
|-----------|------------------|
| 401714603 | WELLBORE DIAGRAM |
| 401714604 | WELLBORE DIAGRAM |

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

| | | |
|--|--|---------------------|
| | | Stamp Upon Approval |
|--|--|---------------------|

Total: 0 comment(s)