

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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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: 27635	Contact Name: JACK MCCARTNEY
Name of Operator: ENERGY SEARCH CO ADBA ENERGY SEARCH CO	Phone: (303) 830-7208
Address: PO BOX 1896	Fax: (303) 830-7004
City: EDWARDS State: CO Zip: 81632	Email: jack@mccartneyengineering.com
For "Intent" 24 hour notice required, Name: Beardslee, Tom Tel: (970) 420-3935 COGCC contact: Email: tom.beardslee@state.co.us	

API Number: 05-001-06870-00	Well Number: 4
Well Name: TSUZUKI	
Location: QtrQtr: SENE Section: 28 Township: 1S Range: 67W Meridian: 6	
County: ADAMS	Federal, Indian or State Lease Number:
Field Name: SPINDLE	Field Number: 77900

☒ Notice of Intent to Abandon☐ Subsequent Report of Abandonment

Only Complete the Following Background Information for Intent to Abandon

Latitude: 39.937822	Longitude: -104.886665
GPS Data:	
Date of Measurement: 06/13/2012	PDOP Reading: 5.0
GPS Instrument Operator's Name: Sarah Burkhalter	
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:	Estimated Depth:
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Fish in Hole:	If yes, explain details below
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Wellbore has Uncemented Casing leaks:	If yes, explain details below
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details:	

Current and Previously Abandoned Zones

Formation	Perf. Top	Perf. Btm	Abandoned Date	Method of Isolation	Plug Depth
SUSSEX	5045	5068			
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	10	8+5/8	24	96	100	96	0	VISU
1ST	7+7/8	4+1/2	10.5	5,285	200	5,285	4,482	CALC
			Stage Tool	1,355	200	1,355	0	CALC

Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 4945 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 25 sks cmt from 1360 ft. to 1040 ft. Plug Type: CASING Plug Tagged: ☒

Set 50 sks cmt from 650 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 _____ 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:

1. MIRU service unit, blow well, kill if necessary.
2. Pull & lay down rods & pump.
3. RU BOP's, pull tubing standing back approximately 1360' in derrick and laying down rest.
4. RU wireline unit, set CIBP @ 4945', place 2 sxs cmt on top of CIBP
5. Fill hole and circulate out oil, pressure test to 300 psig (or highr) for 15 minutes.
6. Run bond log from 1600' to surface, email log to COGCC representative.
7. If insufficient cement coverage of Fox Hills and Lower Laramie formations, check with COGCC representative for further instructions to isolate aquifers.
8. If adequate cement coverage of aquifers, RU cementers, set casing plug from 1360' to 1040' with 25 sxs cmt, tag cement top.
9. Set casing plug from 650' to surface' with 50 sxs cement.
10. If cement top in annulus is below surface casing, perforate 50' above TOC or at 250', whichever is shallower and circulate cement to surface.
11. Top off cement in annulus if necessary.
12. Flush flowlines to battery.
13. Move out service rig.
14. Cut off csg and weld on cap with well identification data at a minimum of 4' below surface.
15. Remove flowlines and battery equipment.
16. Check for soil contamination at well location, flowlines, and battery facilities and respond accordingly.

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

Signed: _____ Print Name: JACK MCCARTNEY

Title: Submitter Date: _____ Email: jack@mccartneyengineering.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

401732089	WELLBORE DIAGRAM
401732148	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)