

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



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: Beardslee, Tom Tel: (970) 420-3935 COGCC contact: Email: tom.beardslee@state.co.us	

API Number: 05-001-09275-00	Well Number: 42-17
Well Name: MCELWAIN	
Location: QtrQtr: SENE Section: 17 Township: 1S Range: 67W Meridian: 6	
County: ADAMS	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: 39.966667	Longitude: -104.905278
GPS Data:	
Date of Measurement: 01/28/2010	PDOP Reading: 2.3
GPS Instrument Operator's Name: Robert Girillego	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Estimated Depth: 1800
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	7964	7984	03/16/2017	B PLUG CEMENT TOP	7480
NIOBRARA	7527	7822	03/16/2017	B PLUG CEMENT TOP	7480
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	1,163	700	1,163	0	VISU
1ST	7+7/8	4+1/2	11.6	8,091	213	8,091	6,995	CBL
S.C. 1.1				5,455	175	5,455	4,555	CBL

Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth _____ with _____ 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 255 sks cmt from 1915 ft. to 1500 ft. Plug Type: STUB PLUG Plug Tagged: ☐
Set 595 sks cmt from 1363 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:

McElwain 42-17 (05-001-09275)/Plugging Procedure (Intent)
Producing Formation: Codell: 7964'-7984' Niobrara: 7527'-7822'
Upper Pierre Aquifer: 921'-1670'
TD: 8093' PBD: 8055'

Surface Casing: 8 5/8" 24# @ 1163' w/ 700 sxs cmt

Production Casing: 4 1/2" 11.6# @ 8091' w/ 213 sxs 1st stage cmt (TOC @ 6995' - CBL).

2nd stage cement @ 5455' w/ 175 sxs cmt (TOC @ 4555' - CBL).

Tubing: 2 3/8" tubing set @ 7279.6 (3/16/2017).

Proposed Procedure:

1. MIRU pulling unit. Pull 2 3/8" tubing.
2. RU wireline company.
3. TIH with casing cutter. Cut 4 1/2" casing at 1800'. Pull cut casing.
4. TIH with tubing to 1915'. RU cementing company. Mix and pump 255 sxs 15.8#/gal CI G cement w/ 2% CaCl down tubing (Pierre coverage from 1915'-1500').
5. Pickup tubing to 1363'. Mix and pump 595 sxs 15.8#/gal CI G cement down tubing. Cement should circulate to surface.
6. Cut surface casing 6' below ground level and weld on cap.

Jenifer

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

401772848	WELLBORE DIAGRAM
401772849	WELLBORE DIAGRAM
401772850	GYRO SURVEY

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)