

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
----	----	----	----

Document Number:

401915584

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: Valerie Danson

Name of Operator: PDC ENERGY INC

Phone: (970) 506-9272

Address: 1775 SHERMAN STREET - STE 3000

Fax:

City: DENVER State: CO Zip: 80203

Email: valerie.danson@pdce.com

For "Intent" 24 hour notice required,

Name: Silver, Randy

Tel: (720) 827-6688

COGCC contact:

Email: randy.silver@state.co.us

API Number 05-123-26063-00

Well Name: HEYDE

Well Number: 41-26

Location: QtrQtr: NENE Section: 26 Township: 3N Range: 64W Meridian: 6

County: WELD

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: 40.202360

Longitude: -104.510920

GPS Data:

Date of Measurement: 09/13/2007

PDOP Reading: 2.6

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: 1800

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
NIOBRARA-CODELL	6658	6900			

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	743	520	743	0	VISU
1ST	7+7/8	4+1/2	10.5	7,060	155	7,060	6,104	CBL
			Stage Tool	4,892	235	4,892	3,834	CBL

Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 6608 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 <u>40</u>	sks cmt from <u>5140</u>	ft. to <u>4640</u>	ft.	Plug Type: <u>CASING</u>	Plug Tagged: <input type="checkbox"/>
Set <u>255</u>	sks cmt from <u>1915</u>	ft. to <u>1500</u>	ft.	Plug Type: <u>STUB PLUG</u>	Plug Tagged: <input type="checkbox"/>
Set <u>465</u>	sks cmt from <u>943</u>	ft. to <u>0</u>	ft.	Plug Type: <u>OPEN HOLE</u>	Plug Tagged: <input type="checkbox"/>
Set _____	sks cmt from _____	ft. to _____	ft.	Plug Type: _____	Plug Tagged: <input type="checkbox"/>
Set _____	sks cmt from _____	ft. to _____	ft.	Plug Type: _____	Plug Tagged: <input type="checkbox"/>

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:

Heyde 41-26 (05-123-26063) Plugging Procedure (Intent)
 Producing Formation: Niobrara/Codell: 6658'-6900'
 Upper Pierre Aquifer: 830'-1640'
 TD: 7531' PBTD: 7035'
 Surface Casing: 8 5/8" 24# @ 743' w/ 520 sxs
 Production Casing: 4 1/2" 10.5# @ 7060' w/ 155 sxs cmt (TOC @ 6104' - CBL).
 DV Tool @ 4890' w/ 235 sxs cmt (4892' - 3834' - CBL).

 Tubing: 2 3/8" tubing set @ 6880' (1/24/2008).
 Proposed Procedure:
 1. MIRU pulling unit. Pull 2 3/8" tubing.
 2. RU wireline company.
 3. TIH with CIBP. Set BP at 6608'. Top with 2 sxs 15.8#/gal CI G cement.
 4. TIH with tubing to 5140'. Mix and pump 40 sxs 15.8#/gal CI G cement down tubing (DV Tool coverage from 5140'-4640'). TOOH with tubing.
 5. TIH with casing cutter. Cut 4 1/2" casing at 1800'. Pull cut casing.
 6. TIH with tubing to 1915'. Mix and pump 255 sxs 15.8#/gal CI G cement w/ 2% CaCl down tubing (Pierre coverage from 1915'-1500').
 7. Pick up tubing to 943'. Mix and pump 465 sxs 15.8#/gal CI G cement down tubing. Cement should circulate to surface. TOOH with tubing.
 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: Valerie Danson

Title: Reg Tech

Date: _____

Email: valerie.danson@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>
-----------------	--------------------

--	--

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
--------------------	-------------

401915603	WELLBORE DIAGRAM
401915604	WELLBORE DIAGRAM
401915605	GYRO SURVEY

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>
-------------------	----------------

Comment Date

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

Total: 0 comment(s)