


| FORM 6 Rev 05/18 | State of Colorado Oil and Gas Conservation Commission <small>1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109</small> | |  | | DE | ET | OE | ES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|---|---------------------|---|--------------------------------|------------|-------------|------------------------------|--------------|----------------|-----------------|---------------------|-------------------------|------------|------------|--------|------------------------------------|--------|-------|----|-----|-----------------------|-----|---|------|--------------------------------|-------|------------|--|--------------|------|------------|--|-------------|---------------|--------------|-----------|--|------------|--|--------------------------------|--|--|--|---------------------|--|---------------------|--|------------------------|--|--|--|-----------------------|--|--|--|--|--------------|--|--|--|
| | WELL ABANDONMENT REPORT | | | | Replug By Other Operator | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 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. | | | | Document Number: 401492614 Date Received: 07/11/2019 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width:100%;"><tr><td colspan="5">OGCC Operator Number: 100322</td><td colspan="4">Contact Name: Joe Brnak</td></tr><tr><td colspan="5">Name of Operator: NOBLE ENERGY INC</td><td colspan="4">Phone: (970) 381-1234</td></tr><tr><td colspan="5">Address: 1001 NOBLE ENERGY WAY</td><td colspan="4">Fax:</td></tr><tr><td colspan="2">City: HOUSTON</td><td colspan="2">State: TX</td><td colspan="2">Zip: 77070</td><td colspan="3">Email: Joe.Brnak@nblenergy.com</td></tr><tr><td colspan="5">For "Intent" 24 hour notice required,</td><td colspan="4">Name: _____ Tel: _____</td></tr><tr><td colspan="5">COGCC contact:</td><td colspan="4">Email: _____</td></tr></table> | | | | | | | | | OGCC Operator Number: 100322 | | | | | Contact Name: Joe Brnak | | | | Name of Operator: NOBLE ENERGY INC | | | | | Phone: (970) 381-1234 | | | | Address: 1001 NOBLE ENERGY WAY | | | | | Fax: | | | | City: HOUSTON | | State: TX | | Zip: 77070 | | Email: Joe.Brnak@nblenergy.com | | | For "Intent" 24 hour notice required, | | | | | Name: _____ Tel: _____ | | | | COGCC contact: | | | | | Email: _____ | | | |
| OGCC Operator Number: 100322 | | | | | Contact Name: Joe Brnak | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Operator: NOBLE ENERGY INC | | | | | Phone: (970) 381-1234 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: 1001 NOBLE ENERGY WAY | | | | | Fax: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: HOUSTON | | State: TX | | Zip: 77070 | | Email: Joe.Brnak@nblenergy.com | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For "Intent" 24 hour notice required, | | | | | Name: _____ Tel: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COGCC contact: | | | | | Email: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width:100%;"><tr><td colspan="2">API Number 05-123-10501-00</td><td colspan="7">Well Number: 1</td></tr><tr><td colspan="2">Well Name: JUDE</td><td colspan="7"></td></tr><tr><td colspan="2">Location: QtrQtr: SWNW</td><td colspan="2">Section: 9</td><td colspan="2">Township: 5N</td><td colspan="2">Range: 62W</td><td colspan="2">Meridian: 6</td></tr><tr><td colspan="2">County: WELD</td><td colspan="7">Federal, Indian or State Lease Number: _____</td></tr><tr><td colspan="2">Field Name: WILDCAT</td><td colspan="7">Field Number: 99999</td></tr></table> | | | | | | | | | API Number 05-123-10501-00 | | Well Number: 1 | | | | | | | Well Name: JUDE | | | | | | | | | Location: QtrQtr: SWNW | | Section: 9 | | Township: 5N | | Range: 62W | | Meridian: 6 | | County: WELD | | Federal, Indian or State Lease Number: _____ | | | | | | | Field Name: WILDCAT | | Field Number: 99999 | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Notice of Intent to Abandon <input checked="" type="checkbox"/> Subsequent Report of Abandonment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Only Complete the Following Background Information for Intent to Abandon</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Latitude: 40.415536 Longitude: -104.335008 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GPS Data: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Measurement: 12/14/1981 PDOP Reading: _____ GPS Instrument Operator's Name: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reason for Abandonment: <input type="checkbox"/> Dry <input type="checkbox"/> Production Sub-economic <input type="checkbox"/> Mechanical Problems | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Casing to be pulled: <input type="checkbox"/> Yes <input type="checkbox"/> No Estimated Depth: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fish in Hole: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain details below | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wellbore has Uncemented Casing leaks: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain details below | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Details: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current and Previously Abandoned Zones | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width:100%;"><tr><th>Formation</th><th>Perf. Top</th><th>Perf. Btm</th><th>Abandoned Date</th><th>Method of Isolation</th><th>Plug Depth</th></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | Formation | Perf. Top | Perf. Btm | Abandoned Date | Method of Isolation | Plug Depth | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total: 0 zone(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Casing History | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"><tr><th>Casing Type</th><th>Size of Hole</th><th>Size of Casing</th><th>Weight Per Foot</th><th>Setting Depth</th><th>Sacks Cement</th><th>Cement Bot</th><th>Cement Top</th><th>Status</th></tr><tr><td>SURF</td><td>12+1/4</td><td>8+5/8</td><td>24</td><td>191</td><td>175</td><td>191</td><td>0</td><td>VISU</td></tr><tr><td>OPEN HOLE</td><td>7+7/8</td><td> </td><td> </td><td>7,070</td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | 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 | 191 | 175 | 191 | 0 | VISU | OPEN HOLE | 7+7/8 | | | 7,070 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | 191 | 175 | 191 | 0 | VISU | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OPEN HOLE | 7+7/8 | | | 7,070 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 100 sks cmt from 1500 ft. to 1200 ft. Plug Type: CASING Plug Tagged: ☐
Set 93 sks cmt from 528 ft. to 10 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: 11/13/2017
of _____

*Wireline Contractor: _____ *Cementing Contractor: Halliburton

Type of Cement and Additives Used: Class G Neat 15.8#

Flowline/Pipeline has been abandoned per Rule 1105 ☐ Yes ☐ No *ATTACH JOB SUMMARY

Technical Detail/Comments:

UNABLE TO GET TO BOTTOM DUE TO JUNK IN THE HOLE. LINER CEMENT 184' - 10' (SURFACE)

Daily Ops shows cement pumping depths and volumes.

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

Signed: _____ Print Name: Diane Blair

Title: Engineering Technician Date: 7/11/2019 Email: diane.blair@nblenergy.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: Jacobson, Eric Date: 8/9/2019

CONDITIONS OF APPROVAL, IF ANY:

COA Type Description

| COA Type | Description |
|----------|-------------|
| | |

Attachment Check List

Att Doc Num

Name

| | |
|-----------|-----------------------------|
| 401492614 | FORM 6 SUBSEQUENT SUBMITTED |
| 401492642 | CEMENT JOB SUMMARY |
| 401492643 | WELLBORE DIAGRAM |

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)