

FORM
6Rev
02/20State 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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Document Number:

402438285

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: Santistevan, Brittani

Tel: (720) 471-1110

COGCC contact:

Email: brittani.santistevan@state.co.us

Type of Well Abandonment Report: ☒ Notice of Intent to Abandon ☐ Subsequent Report of Abandonment

API Number 05-123-20865-00

Well Name: EDWARDS

Well Number: 44-9

Location: QtrQtr: SESE Section: 9 Township: 5N Range: 67W Meridian: 6

County: WELD

Federal, Indian or State Lease Number:

Field Name: WATTENBERG

Field Number: 90750

Only Complete the Following Background Information for Intent to Abandon

Latitude: 40.408170 Longitude: -104.890890

GPS Data: GPS Quality Value: 2.2 Type of GPS Quality Value: Date of Measurement: 01/26/2007

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: 2500Fish in Hole: ☐ Yes ☒ No If yes, explain details belowWellbore 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
J SAND	7738	7748			

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	410	290	410	0	VISU
1ST	7+7/8	4+1/2	10.5	7,864	240	7,864	5,660	CBL

Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 7688 with 2 sacks cmt on top. CIBP #2: Depth 6870 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 <u>80</u> sks cmt from <u>2550</u> ft. to <u>2300</u> ft.	Plug Type: <u>STUB PLUG</u>	Plug Tagged: <input type="checkbox"/>
Set <u>80</u> sks cmt from <u>1380</u> ft. to <u>1180</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"/>
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 201 sacks half in. half out surface casing from 610 ft. to 0 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 Cut and Cap Date: _____
of _____

*Wireline Contractor: _____ *Cementing Contractor: _____

Type of Cement and Additives Used: _____

Flowline/Pipeline has been abandoned per Rule 1105 ☐ Yes ☐ No

Technical Detail/Comments:

Edwards 44-9 (05-123-20865)/Plugging Procedure (Intent)
Producing Formation: J-Sand: 7738'-7748'

Upper Pierre Aquifer: 340'-1280'

TD: 7879' PBTD: 7823' (4/12/2010)

Surface Casing: 8 5/8" 24# @ 410' w/ 290 sxs cmt

Production Casing: 4 1/2" 10.5# @ 7864' w/ 240 sxs cmt (TOC @ 5660' - CBL)

Tubing: 2 3/8" tubing set @ 7725' (4/12/2010)

Proposed Procedure:

1. MIRU pulling unit. Pull 2 3/8" tubing.
2. RU wireline company.
3. TIH with CIBP. Set BP at 7688'. Top with 2 sxs 15.8#/gal CI G cement. (Top of J-Sand perms @ 7738')
4. TIH with CIBP. Set BP at 6870'. Top with 2 sxs 15.8#/gal CI G cement. (Top of Niobrara @ 6920')
5. TIH with casing cutter. Cut 4 1/2" casing @ 2500'. Pull cut casing.
6. TIH with tubing to 2550'. RU cementing company. Mix and pump 80 sxs 15.8#/gal CI G cement down tubing. (Stub plug from 2500'-2300')
7. TIH with tubing to 1380'. Mix and pump 80 sxs 15.8#/gal CI G cement down tubing. (Pierre coverage from 1380'-1180')
8. Pick up tubing to 610'. Mix and pump 201 sxs 15.8#/gal CI G cement down tubing. Cement should circulate to surface.
9. 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>
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
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402438286	WELLBORE DIAGRAM
402438287	WELLBORE DIAGRAM
402438288	GYRO SURVEY
402438289	GYRO SURVEY

Total Attach: 4 Files

General Comments

<u>User Group</u>	<u>Comment</u>
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Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)