

Document Number:
402550714

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: Evins, Bret Tel: (970) 420-6699
COGCC contact: Email: bret.evins@state.co.us

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

API Number 05-123-14278-00
 Well Name: HOFFNER Well Number: 24-35
 Location: QtrQtr: SESW Section: 35 Township: 6N Range: 64W Meridian: 6
 County: WELD Federal, Indian or State Lease Number: 67805
 Field Name: WATTENBERG Field Number: 90750

Only Complete the Following Background Information for Intent to Abandon

Latitude: 40.437500 Longitude: -104.519610
 GPS Data: GPS Quality Value: 2.7 Type of GPS Quality Value: _____ Date of Measurement: 01/16/2009

Reason for Abandonment: Dry Production Sub-economic Mechanical Problems
 Other _____

Casing to be pulled: Yes No Estimated Depth: _____
 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	6546	6816			

Total: 1 zone(s)

Casing History

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Casing Type	Size of Hole	Size of Casing	Grade	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top	Status
SURF	12+1/4	8+5/8	J55	24	0	324	175	324	0	VISU
1ST	7+7/8	4+1/2	J55	11.6	0	6984	220	6984	6190	CBL
S.C. 1.1						5096	913	5096	0	CBL

Subsurface hazards include, but are not limited to, the following: overpressured zones, underpressured zones, major geologic faults, salt sections, H2S at concentrations greater than or equal to 100 ppm.

Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 6496 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 8 sks cmt from 5042 ft. to 4942 ft. Plug Type: CASING Plug Tagged:

Set 16 sks cmt from 2500 ft. to 2300 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 118 sacks half in. half out surface casing from 1520 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. of _____ inch casing

Surface Plug Setting Date: _____ Cut and Cap Date: _____ Number of Days from Setting Surface Plug to Capping or Sealing the Well: _____

*Wireline Contractor: _____ *Cementing Contractor: _____

Type of Cement and Additives Used: _____

Flowline/Pipeline has been abandoned per Rule 1105 Yes No

Technical Detail/Comments:

Hoffner 24-35 (05-123-14278)/Plugging Procedure (Intent)
 Producing Formation: Niobrara/Codell: 6546'-6816'
 Upper Pierre Aquifer: 400'-1420'
 TD: 6984' PBD: 6877' (6/5/2014)
 Surface Casing: 8 5/8" 24# @ 324' w/ 175 sxs cmt
 Production Casing: 4 1/2" 11.6# @ 6984' w/ 220 sxs cmt (TOC @ 6190' - CBL)
 Casing Patch 10.5# @ 4992' to Surface
 Annular fill @ 5096' w/ 913 sxs (TOC @ Surface - CBL)

Tubing: 2 3/8" tubing set @ 6791' (6/6/2014)

Proposed Procedure:

1. MIRU pulling unit. Pull 2 3/8" tubing.
2. RU wireline company.
3. TIH with CIBP. Set BP at 6496'. Top with 2 sxs 15.8#/gal CI G cement. (Top of Nio perms @ 6546')
4. TIH with tubing to 5042'. RU cementing company. Mix and pump 8 sxs 15.8#/gal CI G cement down tubing. (Coverage across casing patch from 5042'-4942')
5. TIH with tubing to 2500'. Mix and pump 16 sxs 15.8#/gal CI G cement down tubing. (Coverage from 2500'-2300')
6. Wait a sufficient time to confirm static conditions. If at any time after placing this plug there is evidence of pressure or fluid migration, contact engineering before continuing operations.
7. Pick up tubing to 1520'. Mix and pump 118 sxs 15.8#/gal CI G cement down tubing. Cement should circulate to surface.
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>
402550866	WELLBORE DIAGRAM
402550867	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)