

FORM
6Rev
11/20

State 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:

402559456

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: 10110

Contact Name: Michael Andrews

Name of Operator: GREAT WESTERN OPERATING COMPANY LLC

Phone: (970) 364-2811

Address: 1001 17TH STREET #2000

Fax:

City: DENVER

State: CO

Zip: 80202

Email: mandrews@gwp.com

For "Intent" 24 hour notice required,

Name: Medina, Justin

Tel: (720) 471-0006

COGCC contact:

Email: justin.medina@state.co.us

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

API Number 05-123-23253-00

Well Name: PEARL JOHNSON

Well Number: 2

Location: QtrQtr: NESE

Section: 8

Township: 1N

Range: 63W

Meridian: 6

County: WELD

Federal, Indian or State Lease Number:

Field Name: SCABBARD

Field Number: 76675

Only Complete the Following Background Information for Intent to Abandon

Latitude: 40.064390

Longitude: -104.454310

GPS Data: GPS Quality Value: 2.4 Type of GPS Quality Value: Date of Measurement: 05/30/2011

Reason for Abandonment: ☐ Dry ☒ Production Sub-economic ☐ Mechanical Problems☐ OtherCasing to be pulled: ☒ Yes☐ No

Estimated Depth: 4000

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
J SAND	7260	7288			

Total: 1 zone(s)

Casing History

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	NA	24	0	931	655	931	0	CALC
1ST	7+7/8	4+1/2	NA	11.6	0	7374	200	7374	6400	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 7200 with 25 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>10</u> sks cmt from <u>6500</u> ft. to <u>6200</u> ft.	Plug Type: <u>CASING</u>	Plug Tagged: <input type="checkbox"/>
Set <u>130</u> sks cmt from <u>4050</u> ft. to <u>3750</u> ft.	Plug Type: <u>STUB PLUG</u>	Plug Tagged: <input type="checkbox"/>
Set <u>130</u> sks cmt from <u>2000</u> ft. to <u>1700</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 6500 ft. with 85 sacks. Leave at least 100 ft. in casing 6300 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 350 sacks half in. half out surface casing from 1100 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 Number of Days from Setting Surface Plug to Capping or Sealing the Well: _____
 Surface Plug Setting Date: _____ Cut and Cap Date: _____

*Wireline Contractor: _____ *Cementing Contractor: _____

Type of Cement and Additives Used: _____

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

Technical Detail/Comments:

Procedure:
 1 Contact COGCC 24 hr before MIRU - Tom Peterson 970-370-1281 (tom.peterson@state.co.us)
 2 MIRU
 3 Blow down and kill well
 4 NDWH/NUBOP
 5 Set CIBP at 7200'
 6 Pump 25 sx Thermal 35 on plug at 7200' to 6800'
 7 Perforate casing at 6500'
 8 Set CICR at 6300'
 9 Pump 95sx Thermal 35, from approx. 6500' to 6200'
 - Pump 85sx thru CICR and leave 10sx on CICR
 10 Cut & pull casing at 4000'
 11 Pump stub plug @ 4050' w/ 130 sx Thix G to approx. 3750'
 12 Place 130sx Thix G from 2000' to 1700'
 13 Wait overnight and verify all gas migration gone (note in OW).
 14 Tag plug (note in OW), POOH to 1100'
 15 Pump surface plug from 1100' to surface w/ 350sx (Class G w/ 2% CaCl2)
 16 WOC 4 hours
 17 RIH tag, top off w/ cement as needed
 18 RDMO
 19 Cut & cap casing 4' - 6' below GL w/ plate (Well Name, API, Legal Location)

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

Signed: _____ Print Name: Renee Kendrick

Title: SR Regulatory Analyst Date: Email: rkendrick@gwp.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

402559473	WELLBORE DIAGRAM
402559474	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group Comment Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)