

FORM

6

Rev
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



DE ET OE ES

Document Number:

402561695

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: Jenifer Hakkarinen

Name of Operator: PDC ENERGY INC

Phone: (303) 8605800

Address: 1775 SHERMAN STREET - STE 3000

Fax:

City: DENVER State: CO Zip: 80203

Email: Jenifer.Hakkarinen@pdce.com

For "Intent" 24 hour notice required,

Name: Serna, Abe

Tel: (720) 661-7317

COGCC contact:

Email: abe.serna@state.co.us

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

API Number 05-123-22069-00

Well Name: OPEL

Well Number: 5

Location: QtrQtr: NENE Section: 17 Township: 4N Range: 65W 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: 40.315643

Longitude: -104.682187

GPS Data: GPS Quality Value: 2.9 Type of GPS Quality Value: Date of Measurement: 01/14/2010

Reason for Abandonment: ☐ Dry ☒ Production Sub-economic ☐ Mechanical Problems☐ OtherCasing to be pulled: ☐ Yes ☒ No Estimated Depth:Fish 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
NIOBRARA-CODELL	6850	7159			

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	J-55	24	0	429	350	429	0	VISU
1ST	7+7/8	4+1/2	J-55	11.6	0	7315	615	7315	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 6800 with 2 sacks cmt on top. CIPB #2: Depth 4450 with 2 sacks cmt on top.
CIBP #3: Depth 2500 with 2 sacks cmt on top. CIPB #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 112 sks cmt from 1475 ft. to 0 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: ☐
Set _____ sks cmt from _____ ft. to _____ ft. Plug Type: _____ Plug Tagged: ☐

Perforate and squeeze at 1560 ft. with 38 sacks. Leave at least 100 ft. in casing 1475 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. 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:

Opel 5 (05-123-22069)/Plugging Procedure (Intent)
Producing Formation: Nio/Codell: 6850'-7159'
Upper Pierre Aquifer: 430'-1430'
TD: 7343' PBTD: 7300' (4/12/2004)
Surface Casing: 8 5/8" 24# @ 429' w/ 350 sxs cmt
Production Casing: 4 1/2" 11.6# @ 7315' w/ 615 sxs cmt (TOC @ Surface - CBL)

Tubing: 2 3/8" tubing set @ 7119' (5/3/2004)

Proposed Procedure:

1. MIRU. Pull 2 3/8" tubing.
2. RU wireline company.
3. TIH with CIBP. Set BP at 6800'. Top with 2 sxs 15.8#/gal CI G cement. (Top of Nio/Codell perms @ 6850')
4. TIH with CIBP. Set BP at 4450'. Top with 2 sxs 15.8#/gal CI G cement. (Top of Sussex @ 4500')
5. TIH with CIBP. Set BP at 2500'. Top with 2 sxs 15.8#/gal CI G cement. (Courtesy Plug)
6. TIH with perf gun.
7. Shoot lower squeeze holes at 1560'.
8. Shoot upper squeeze holes at 1460'.
9. TIH with CICR. Set CICR at 1475'.
10. Sting in and pump 38 sxs 15.8#/gal CI G cement.
11. Sting out and pump 112 sxs cement on top of CICR. Cement should circulate to surface.
12. 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: Jenifer Hakkarinen
Title: Reg Tech Date: _____ Email: JEnifer.Hakkarinen@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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402561699	WELLBORE DIAGRAM
402561700	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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		Stamp Upon Approval
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Total: 0 comment(s)