

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:

402600592

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: Kapri McMillan

Name of Operator: GREAT WESTERN OPERATING COMPANY LLC

Phone: (970) 364-2826

Address: 1001 17TH STREET #2000

Fax:

City: DENVER

State: CO

Zip: 80202

Email: kmcmillan@gwp.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 05-123-25563-00

Well Name: SCHMUNK

Well Number: 31-31

Location: QtrQtr: NWNE

Section: 31

Township: 7N

Range: 65W

Meridian: 6

County: WELD

Federal, Indian or State Lease Number:

Field Name: EATON

Field Number: 19350

Only Complete the Following Background Information for Intent to Abandon

Latitude: 40.537470

Longitude: -104.703280

GPS Data: GPS Quality Value: 2.5 Type of GPS Quality Value: Date of Measurement: 10/04/2008

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

Estimated Depth: 2500

Fish in Hole: ☐ Yes☒ No

If yes, explain details below

Wellbore has Uncemented Casing leaks: ☒ Yes☐ No

If yes, explain details below

Details: We believe there are uncemented casing leaks but are unsure of where they are. We will hunt for holes with a packer to determine depth and discuss next steps with the COGCC engineer.

Current and Previously Abandoned Zones

Formation	Perf. Top	Perf. Btm	Abandoned Date	Method of Isolation	Plug Depth
CODELL	7353	7369	02/13/2021	B PLUG CEMENT TOP	7100
NIOBRARA	7152	7180	02/13/2021	B PLUG CEMENT TOP	7100

Total: 2 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+1/2	8+5/8	NA	24	0	585	400	585	0	CALC
1ST	7+7/8	4+1/2	NA	11.6	0	7472	610	7472	3462	CBL

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	25	sks cmt from	7100	ft. to	6679	ft.	Plug Type:	CASING	Plug Tagged:	<input type="checkbox"/>
Set	30	sks cmt from	4550	ft. to	4155	ft.	Plug Type:	CASING	Plug Tagged:	<input type="checkbox"/>
Set	45	sks cmt from	2550	ft. to	2300	ft.	Plug Type:	STUB PLUG	Plug Tagged:	<input type="checkbox"/>
Set	80	sks cmt from	1200	ft. to	750	ft.	Plug Type:	OPEN HOLE	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 250 sacks half in. half out surface casing from 750 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:

Procedure:

- 1 Contact COGCC
- 2 MIRU
- 3 NDWH/NUBOP
- 4 Roll hole clean and pressure test CIBP to 1000 psi
- 5 POOH and PU packer to hunt for holes
- 6 Once hole depths are determined, send to engineer to verify plugging orders
- 7 Pump 25 sx Thermal 35 on top of plug at 7100', ETOC 6679'
- 8 PU to 4550'
- 9 Pump 30 sx Class G + 2%CC at 4550', est TOC @ 4155'
- 10 Release flowback if no longer needed
- 11 Cut & pull casing @ 2500'
- 12 Pump stub plug from 2550' w/ 45 sx AGM (1.86ft3/sx) (est TOC @ 2300')
- 13 PU to 1200' and pump 80 sx AGM (1.86ft3/sx) to calc TOC @ 750'
- 14 WOC 4 hours, verify migration has stopped, if not call engineer
- 15 If flow stopped, pump ~250 sx Class G w/ 2%CC from tag (~750') to surface
- 16 RDMO
- 17 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: _____

<u>COA Type</u>	<u>Description</u>
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Attachment List

<u>Att Doc Num</u>	<u>Name</u>
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402600619	WELLBORE DIAGRAM
402600620	WELLBORE DIAGRAM

Total Attach: 2 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)