

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



DE ET OE ES

Document Number:

403020123

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 05-123-05508-00

Well Name: PIERCE LYONS UNIT-

Well Number: 1

Location: QtrQtr: NWSE

Section: 27

Township: 8N

Range: 66W

Meridian: 6

County: WELD

Federal, Indian or State Lease Number:

Field Name: PIERCE

Field Number: 69000

Only Complete the Following Background Information for Intent to Abandon

Latitude: 40.631160

Longitude: -104.761090

GPS Data: GPS Quality Value: 6.0 Type of GPS Quality Value: Date of Measurement: 04/10/2006

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:

Current and Previously Abandoned Zones

Formation	Perf. Top	Perf. Btm	Abandoned Date	Method of Isolation	Plug Depth
LYONS	9190	9248			

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
CONDUCTOR	22	18	16 ga	16 ga	0	28	135	28	0	
SURF	12+1/4	10+3/4	J55	40.5	0	489	400	489	0	
1ST	10	7	J55N80	23 26	0	9265	350	9265	7300	

Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 9100 with 50 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 20 sks cmt from 7000 ft. to 6858 ft. Plug Type: CASING Plug Tagged: ☐
Set 20 sks cmt from 4300 ft. to 4193 ft. Plug Type: CASING Plug Tagged: ☐
Set 285 sks cmt from 2550 ft. to 2000 ft. Plug Type: STUB PLUG 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 7200 ft. with 100 sacks. Leave at least 100 ft. in casing 7000 CICR Depth

Perforate and squeeze at 4500 ft. with 82 sacks. Leave at least 100 ft. in casing 4300 CICR Depth

Perforate and squeeze at _____ ft. with _____ sacks. Leave at least 100 ft. in casing _____ CICR Depth

(Cast Iron Cement Retainer Depth)

Set 624 sacks half in. half out surface casing from 1200 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 POOH with ESP, send to Baker to be inspected.
4 TOOH with tubing, stand back.
5 RIH w/ wireline, set CIBP @ 9100'
6 Run CBL, send results to engineer before proceeding
7 RIH, tag CIBP, roll hole clean, pressure test to 1000 psi
8 Pump 50 sx Thermal 35 on top of plug at 9100', ETOC 8746'
9 Roll hole clean
10 TOOH w/ tubing, lay down to about 7000', stand back the rest
11 RIH w/ WL and shoot holes at 7200' & 6900'
12 RIH and set CICR @ 7000'
13 Squeeze 100 sx Thermal 35 thru CICR, leave additional 20 sx on top
14 Roll hole clean
15 TOOH w/ tubing, lay down to about 4300', stand back the rest
16 RIH w/ WL and shoot holes at 4200' & 4500'
17 RIH and set CICR @ 4300'
18 Squeeze 82 sx Class G thru CICR, leave additional 20 sx on top (Class G)
19 Roll hole clean
20 Cut & pull casing from 2500'
21 Pump stub plug from 2550' w/ 285 sx Class G+3%CC, ETOC 2000'
22 WOC 4 hours
23 Tag plug & verify no migration
24 PU to 1200', pump 624 sx Class G+3%CC from 1200' to surface
25 WOC 4 hours
26 RIH tag, top off w/ cement as needed
27 RDMO
28 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 List

Att Doc Num **Name**

403020148	WELLBORE DIAGRAM
403020149	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group **Comment** **Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)