

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:

403063023

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: Burns, Adam

Tel: (970) 218-4885

COGCC contact:

Email: adam.m.burns@state.co.us

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

API Number 05-123-26166-00

Well Name: GUTTERSEN

Well Number: 33-6

Location: QtrQtr: NWSE Section: 6 Township: 3N Range: 63W 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: 40.252670

Longitude: -104.478220

GPS Data: GPS Quality Value: 2.5 Type of GPS Quality Value: Date of Measurement: 09/13/2007

Reason for Abandonment: ☐ Dry ☒ Production Sub-economic ☐ Mechanical Problems☐ OtherCasing to be pulled: ☒ Yes ☐ No Estimated Depth: 903Fish 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	6562	6844			

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	J55	24	0	703	380	703	0	VISU
1ST	7+7/8	4+1/2	J55	10.5	0	7028	592	7028	1028	CBL

Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 6512 with 2 sacks cmt on top. CIBP #2: Depth 2500 with 2 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 16 sks cmt from 1680 ft. to 1480 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 _____ 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 318 sacks half in. half out surface casing from 953 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:

Guttersen 33-6 (05-123-26166)/Plugging Procedure (Intent)

Producing Formation: Niobrara/Codell: 6562'-6844'

Upper Pierre Aquifer: 450'-1580'

TD: 7073' PBTD: 6967' (7/5/12)

Surface Casing: 8 5/8" 24# @ 703' w/ 380 sxs cmt

Production Casing: 4 1/2" 10.5# @ 7028' w/ 592 sxs cmt (TOC @ 1028' - CBL)

Tubing: 2 3/8" tubing set @ 6818' (7/6/12)

Proposed Procedure:

1. MIRU pulling unit. Pull 2 3/8" tubing.
2. RU wireline company.
3. TIH with CIBP. Set BP at 6512'. Top with 2 sxs 15.8#/gal CI G cement. (Top of Nio perms @ 6562')
4. TIH with CIBP. Set BP at 2500'. Top with 2 sxs 15.8#/gal CI G cement.
5. TIH with tubing to 1680'. RU cementing company. Mix and pump 16 sxs 15.8#/gal CI G cement down tubing. (Pierre coverage from 1680'-1480')
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. TIH with casing cutter. Cut 4 1/2" casing @ 903'. Pull cut casing.
8. TIH with tubing to 953'. Mix and pump 318 sxs 15.8#/gal CI G cement down tubing. Cement should circulate to surface.
9. Well casing cut and capped per COGCC guidelines at a depth as not to interfere with soil cultivation.

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 Analyst

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>
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Attachment List

<u>Att Doc Num</u>	<u>Name</u>
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403063036	WELLBORE DIAGRAM
403063037	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)