

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



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Replug By Other Operator

Document Number:

403149673

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: 38550

Contact Name: Cal St. John

Name of Operator: HATHAWAY OPERATORS, INC

Phone: (720) 545-5624

Address: P O BOX 118

Fax:

City: MARVEL

State: CO

Zip: 81329

Email: cal.stjohn@state.co.us

For "Intent" 24 hour notice required,

Name: Klink, Alex

Tel: (970) 580-4918

COGCC contact:

Email: alex.klink@state.co.us

Type of Well Abandonment Report:

☒ Notice of Intent to Abandon☐ Subsequent Report of Abandonment

API Number 05-067-06422-00

Well Name: FLINT (OWP)

Well Number: 1

Location: QtrQtr: NESE

Section: 8

Township: 33N

Range: 12W

Meridian: N

County: LA PLATA

Federal, Indian or State Lease Number:

Field Name: WILDCAT

Field Number: 99999

Only Complete the Following Background Information for Intent to Abandon

Latitude: 37.115880

Longitude: -108.166440

GPS Data: GPS Quality Value: 6.0

Type of GPS Quality Value:

Date of Measurement: 03/23/2016

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

Estimated Depth:

Fish in Hole: ☐ Yes☒ No

If yes, explain details below

Wellbore has Uncemented Casing leaks: ☒ Yes☐ No

If yes, explain details below

Details: Current electronic well file records do not indicate well was ever plugged. Complaint #200439229 indicated fluids and gas leaking at wellhead. COGCC staff installed fittings and valves to secure well 03/23/2016. Follow up inspection conducted 04/05/2016 found the well to be secure and not leaking at time of follow-up.

Current and Previously Abandoned Zones

Formation	Perf. Top	Perf. Btm	Abandoned Date	Method of Isolation	Plug Depth
DAKOTA	3252	3470			

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+1/2	9+5/8	UNK	40	0	108	40	108	0	VISU
1ST	8+1/4	7	UNK	20	0	1144	0	0	0	VISU
2ND	6+1/4	4+1/2	UNK	10.5	0	3470	55	3470	2880	CALC

Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 3200 with 2 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 _____ 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: ☐
Set _____ sks cmt from _____ ft. to _____ ft. Plug Type: _____ Plug Tagged: ☐

Perforate and squeeze at 2220 ft. with 45 sacks. Leave at least 100 ft. in casing 2170 CICR Depth
Perforate and squeeze at 1077 ft. with 45 sacks. Leave at least 100 ft. in casing 1027 CICR Depth
Perforate and squeeze at 622 ft. with 45 sacks. Leave at least 100 ft. in casing 572 CICR Depth

(Cast Iron Cement Retainer Depth)

Set 70 sacks half in. half out surface casing from 159 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:

Note: 7' First String of casing was pulled after Second String production casing was set in wellbore.
RIH w/gauge ring & tag existing PBTD.
Remove any obstructions in the well to reach PBTD.
Remove rods, tubing, tubing anchor/packer/BHA.
Kill the well - Do not assume well is dead.
Plug #1 - Set CICR @ 3200' w/2 sx on top.
Plug #2 - Perf 4 1/2" @ 2220'. Establish rate. Set 4 1/2" CICR @ 2170' and establish injection rate. Squeeze 30 sx w/15 sx on top.
Plug #3 - Perf 4-1/2" @ 1,077'. Establish injection rate. Set 4-1/2" CICR @ 1,027' and establish injection rate. Squeeze 30 sx w/ 15 sx cement on top.
Plug #4 - Perf 4-1/2" @ 622'. Establish injection rate. Set 4-1/2" CICR @ 572' and establish injection rate. Squeeze 30 sx w/ 15 sx cement on top.
Plug #5 - Perf 4-1/2" @ 159'. Establish circulation to surface. Circulate 70 sx w/returns to surface.

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

Signed: _____

Print Name: Cal St. John

Title: OWP West Field Specialist

Date: _____

Email: cal.stjohn@state.co.us

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: _____

Condition of Approval

COA Type

Description

0 COA	

Attachment List

Att Doc Num

Name

403149827	WELLBORE DIAGRAM
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)