

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:

403229754

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: 47120

Contact Name: Lindsay Davis

Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP

Phone: (970) 515-1616

Address: P O BOX 173779

Fax:

City: DENVER State: CO Zip: 80217-

Email: Lindsay_Davis@oxy.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 05-123-10674-00

Well Name: BLEHM

Well Number: 1

Location: QtrQtr: SENE Section: 34 Township: 5N Range: 67W Meridian: 6

County: WELD

Federal, Indian or State Lease Number: 67442

Field Name: JOHNSTOWN

Field Number: 42600

Only Complete the Following Background Information for Intent to Abandon

Latitude: 40.357954

Longitude: -104.872224

GPS Data: GPS Quality Value: Type of GPS Quality Value: Date of Measurement:

Reason for Abandonment: ☐ Dry ☐ Production Sub-economic ☐ Mechanical Problems☒ Other Re-EntryCasing 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	6767	6974	05/01/1996	BRIDGE PLUG	6710

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	9+5/8	J-55	36		305	340	305	0	VISU
1ST	7+7/8	4+1/2	I-80	11.6		7294	800	7294	3722	CBL

Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 160 with 81 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 142 sks cmt from 3640 ft. to 3140 ft. Plug Type: OPEN HOLE Plug Tagged: ☐
Set 254 sks cmt from 2800 ft. to 2100 ft. Plug Type: OPEN HOLE Plug Tagged: ☐
Set 254 sks cmt from 1400 ft. to 700 ft. Plug Type: OPEN HOLE 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 83 sacks half in. half out surface casing from 405 ft. to 175 ft. Plug Tagged: ☐

Set 81 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:

BMPs

Signage:

Prior to commencing operations, KMOG will post signs in conspicuous locations. The signs will indicate workover operations are being conducted, the well name, well, and the Operator's contact information. Signs will be placed so as not to create a potential traffic hazard.

Notifications:

Courtesy notifications will be sent to all parcel owners with building units within 1,500 feet of the location letting them know about our workover operations and providing contact information for KMOG's response line and online resources.

Roads and Access:

KMOG will work with the Town of Milliken to ensure the conditions of the proposed access roads are maintained and comply with the Town's regulatory requirements. Notifications will be sent to all parcel owners along the haul route letting them know about our workover operations and providing contact information for KMOG's response line and online resources.

Lighting:

Operations are planned as daylight-only to avoid light impacts to stakeholders. Should any site lighting be required, KMOG will coordinate with nearby stakeholders to minimize lighting impacts.

Noise:

Operations are planned as daylight-only to minimize noise impacts to stakeholders. KMOG will coordinate with nearby stakeholders to minimize overall impact of the operation, including noise impacts.

Wildlife:

This location was reviewed using a desktop method to review publicly available wildlife data (including CPW & COGCC data) as well as internal wildlife datasets and aerial imagery. All field personnel are trained to identify wildlife risks and raise concerns noticed during operations with KMOG's Health, Safety, and Environment (HSE) department.

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

Signed: _____ Print Name: Lindsay Davis
Title: Regulatory Tech Date: _____ Email: Lindsay_Davis@oxy.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>
403229795	WELLBORE DIAGRAM
403229796	PROPOSED PLUGGING PROCEDURE
403229797	WELLBORE DIAGRAM
403229798	LOCATION PHOTO
403261541	SURFACE OWNER CONSENT
403261542	SURFACE OWNER CONSENT
403261543	OTHER

Total Attach: 7 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)