



State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2109



FOR OGCC USE ONLY
RECEIVED
AUG 26 02
COGCC

WELL ABANDONMENT REPORT

Submit original plus one copy. This form is to be submitted as an intent whenever a plugging is planned on a borehole. The approved intent shall be valid for six months after the approval date; after that period a new intent will be required. After the plugging is complete, this form and one copy shall again be submitted as a subsequent report of the work as actually completed.

OGCC Operator Number: 0005
 Name of Operator: N/A COGCC
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact Name and Telephone
 No: _____
 Fax: _____
 24 hour notice required, contact:
 Tel: _____

API Number: 107-5087 OGCC Lease No.: _____ Other wells this lease? Y N
 Well Name: State #1 Well Number: #1
 Location (QtrQtr, Sec, Twp, Rng, Meridian): SENW, 18, 6N, 86W
 County: ROUIT Federal, Indian or State Lease Number: _____
 Field Name: _____ Field Number: _____

Complete the Attachment Checklist	
Wellbore Diagram	Oper OGCC
Cement Job Summary	
Wireline Job Summary	

Notice of Intent to Abandon

Subsequent Report of Abandonment

Only Complete the Following Background Information for Intent to Abandon

Reason for Abandonment: Dry Production Sub-Economic Mechanical Problems Other
 Casing to be Pulled: Yes No Top of Casing Cement: _____
 Fish in Hole: Yes No If yes, explain details below: _____
 Wellbore has Uncemented Casing Leaks: Yes No If yes, explain details below: _____
 Details: Casing leak at unk. depth - plugged



Current and Previously Abandoned Zones

Formation	Perforations - Top	Perforations - Bottom	Date Abandoned	Method of Isolation (None, Squeezed, BP, Cement, etc.)	Plug Depth

Casing History

Casing String	Casing Size	Casing Depth	Cement Top	Stage Cement Top
<u>10 3/4" surface production</u>	<u>10 3/4" 7"</u>	<u>60' 2630'</u>	<u>surf surf</u>	

Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth _____ with _____ sacks cmt on top. CIBP #2: Depth _____ with _____ sacks cmt on top. NOTE: Two (2) sacks cement required on all CIBPs.

Set 50 sks cmt from 2790 ft. to 2515 ft. in Casing Open Hole Annulus
 Set 15 sks cmt from 50' ft. to 0' ft. in Casing Open Hole Annulus
 Set _____ sks cmt from _____ ft. to _____ ft. in Casing Open Hole Annulus
 Set _____ sks cmt from _____ ft. to _____ ft. in Casing Open Hole Annulus

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

Set _____ sacks half in, half out surface casing from _____ ft. to _____ ft.
 Set _____ sacks at surface

Cut four feet below ground level, weld on plate 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. Plugging Date: 06-05-02
 *Wireline Contractor: _____
 *Cementing Contractor: Rippy Sales + Service
 Type of Cement and Additives Used: _____
 Attach Job Summaries. _____

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

Print Name: _____
 Signed: _____ Title: _____ Date: _____

OGCC Approved: [Signature] Title: NWAE Date: 8-19-02

CONDITIONS OF APPROVAL, IF ANY:



COLORADO OIL & GAS CONSERVATION COMMISSION

NORTHWEST REGION INSPECTION REPORT

<input type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION <input checked="" type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION		P O BOX 98 LOMA, CO 81524 (970)-858-7521	
API No. 05- 107 - 5087		LEASE NAME: State #1	
LOCATION: SENW, 18, 6N, 86W		OPERATOR: N/A	
DATE: 8-16-02		INSPECTOR: JAIME ADKINS MOBIL (970)-250-2440	
INSP TYPE SR	INSP STATUS PA	PA <input checked="" type="checkbox"/> N	PASS/FAIL <input checked="" type="checkbox"/> F
		VIOLATION Y <input checked="" type="checkbox"/> NOV Y <input checked="" type="checkbox"/>	
UIC VIOL TYPE	UA <input type="checkbox"/> MI <input type="checkbox"/> OP <input type="checkbox"/> PA <input type="checkbox"/> OT <input type="checkbox"/>	TBG/PKR LK <input type="checkbox"/>	CSG LK <input type="checkbox"/>
<small>ALL UIC VIOLATIONS REQUIRE NOAVS</small>			
Well ID Signs <small>(Rule 210)</small>	<input type="checkbox"/>	Fences <small>(Rule 604.C.(3), 1003.A)</small>	<input type="checkbox"/>
Production Pits <small>(Rule 902, 903, 904)</small> EARTHEN PITS ONLY	PRODUCED WATER PITS TOTAL # _____	OIL ACCUMULATION <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
	SKIMMING/SETTLING PITS TOTAL # _____	COVERED # _____	UNCOVERED # _____
	SPECIAL PURPOSE PITS TOTAL # _____	LINED # _____	UNLINED # _____
COMMENTS/SIZE _____			
SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO			
Tank Battery Equipment <small>(Rule 604)</small>	BURIED OR PARTIALLY BURIED VESSELS : #STEEL #FIBERGLASS #CONCRETE #OTHER		
Fire Walls/Berms/Dikes <small>(Rule 604)</small>	<input type="checkbox"/>		
General Housekeeping <small>(Rule 603.G)</small>	<input type="checkbox"/>		
Spills (Oil/Water) <small>(Rule 908)</small>	<input type="checkbox"/>		
UIC ROUTINE INSPECTION <small>FILL OUT FORM 21 WHEN WITNESSING MIT</small>	INJ PRESSURE _____ PSIG	COMMENTS	
	T-C ANN PRESSURE _____ PSIG		
	BRHD PRESSURE _____ PSIG		
Drilling Well/Workover <small>(Rule 315)</small>	<input type="checkbox"/>		
Surface Rehabilitation <small>(Rule 317)</small>	Final Recl. completed. See picture Landowner to re-veg + control weeds <input type="checkbox"/>		
Miscellaneous	<input type="checkbox"/>		
CORRECTIVE ACTION REQUIRED:			
Date Corrective Action Required By:		Date Remedied:	

This report is a Notice of Inspection. The Commission requires that you correct any deficiencies shown on this report in a timely manner. Failure to comply may result in enforcement action by the Commission.



COLORADO OIL & GAS CONSERVATION COMMISSION

NORTHWEST REGION FIELD INSPECTION REPORT

<input type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION <input checked="" type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION		73 Sipprelle Dr., Suite J1 Parachute, CO 81524 970-285-9000	
Date: <u>6-5-02</u>	Facility ID:	Operator: <u>N/A</u>	
Location: <u>5ENW, 18, 6N, 86W</u>		Lease Name: <u>State #1</u> S	
API Number: <u>05 - 107 - 5087</u>		Inspector: JAIME ADKINS Cell: <u>970-250-2440</u>	
INSP TYPE	INSP STATUS	RECLAM <input type="checkbox"/> PASS <input type="checkbox"/> INTER <input type="checkbox"/>	PASS/FAIL <input type="checkbox"/> P <input type="checkbox"/> F
		VIOLATION <input type="checkbox"/> Y <input type="checkbox"/> N	NOV <input type="checkbox"/> Y <input type="checkbox"/> N
UIC VIOL TYPE: <input type="checkbox"/> UA <input type="checkbox"/> MI <input type="checkbox"/> OP <input type="checkbox"/> PA <input type="checkbox"/> OT		TBG/PKR LK <input type="checkbox"/>	CSG LK <input type="checkbox"/> <small>ALL UIC VIOLATIONS REQUIRE NOAVS</small>
Well ID Signs (Rule 210) Y N Comments:		Fences Y N (Rule 603.b.(7), 1002.a) Comments:	
Production Pits (Rule 902, 903, 904) EARTHEN PITS ONLY SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO		Produced Water Pits Total # _____ Oil Accumulation? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Comments: _____ Skimming/Settling Pits Total # _____ Covered # _____ Uncovered # _____ Comments: _____ Special Purpose Pits Total # _____ Lined # _____ Unlined # _____ Comments: _____	
Tank Battery Equipment (Rule 604)		BURIED OR PARTIALLY BURIED VESSELS : #STEEL #FIBERGLASS #CONCRETE #OTHER	
Fire Walls/Berms/Dikes [Rule 604.a.(4)]			
General Housekeeping (Rule 603.g)			
Spills (Oil/Water) (Rule 906)			
UIC Routine Inspection FILL OUT FORM 21 WHEN WITNESSING MIT		Inj. Pressure _____ Psig T-C Ann. Pressure _____ Psig	COMMENTS
Drilling Well/Workover (Rule 317)		<i>Found 10 3/4" x 7" annulus full of cement. Tagged ^{POTD} or fill at \approx 2790'. Set 50 sk plug f. 2790'-2515'</i>	
Surface Rehabilitation (Rule 1003, 1004)			
Miscellaneous			
CORRECTIVE ACTION REQUIRED:			
Date Corrective Action Required By:		Date Remedied:	

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