



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

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

Complete the Attachment Checklist

	Oper	OGCC
Wellbore Diagram		
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: <input checked="" type="checkbox"/> Dry	<input type="checkbox"/> Production Sub-Economic	<input checked="" type="checkbox"/> Mechanical Problems	<input checked="" type="checkbox"/> Other
Casing to be Pulled: <input type="checkbox"/> Yes <input type="checkbox"/> No	Top of Casing Cement: _____		
Fish in Hole: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain details below: _____		
Wellbore has Uncemented Casing Leaks: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain details below: _____		

Details: Casing leak at ank. 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 <u>50</u> sks cmt from <u>2790</u> ft. to <u>2575</u> ft. in <input checked="" type="checkbox"/> Casing <input type="checkbox"/> Open Hole	Set <u>15</u> sks cmt from <u>50'</u> ft. to <u>0'</u> ft. in <input checked="" type="checkbox"/> Casing <input type="checkbox"/> Open Hole		<input type="checkbox"/> Annulus
Set _____ sks cmt from _____ ft. to _____ ft. in <input type="checkbox"/> Casing <input type="checkbox"/> Open Hole	Set _____ sks cmt from _____ ft. to _____ ft. in <input type="checkbox"/> Casing <input type="checkbox"/> Open Hole		<input type="checkbox"/> Annulus
Set _____ sks cmt from _____ ft. to _____ ft. in <input type="checkbox"/> Casing <input type="checkbox"/> Open Hole	Set _____ sks cmt from _____ ft. to _____ ft. in <input type="checkbox"/> Casing <input type="checkbox"/> Open Hole		<input type="checkbox"/> Annulus
Set _____ sks cmt from _____ ft. to _____ ft. in <input type="checkbox"/> Casing <input type="checkbox"/> Open Hole	Set _____ sks cmt from _____ ft. to _____ ft. in <input type="checkbox"/> Casing <input type="checkbox"/> Open Hole		<input type="checkbox"/> 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			
Set _____ sacks in rat hole	Dry-Hole Marker: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Set _____ sacks in mouse hole		

Additional Plugging Information for Subsequent Report Only

Casing Recovered: _____ ft. of _____ inch casing.	Plugging Date: <u>06-05-02</u>
*Wireline Contractor: _____	
*Cementing Contractor: <u>Pippy Sales & Service</u>	
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				P O BOX 98													
<input checked="" type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION				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="radio"/> Y <input type="radio"/> N	PASS/FAIL	<input checked="" type="radio"/> P <input type="radio"/> F	VIOLATION	Y <input checked="" type="radio"/> N	NOV	Y <input checked="" type="radio"/> N						
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"/>	ALL UIC VIOLATIONS REQUIRE NOAVS	
Well ID Signs (Rule 210)		<input type="checkbox"/>				Fences (Rule 604.C.(3), 1003.A)		<input type="checkbox"/>									
Production Pits (Rule 902, 903, 904) 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 (Rule 604)		BURIED OR PARTIALLY BURIED VESSELS : #STEEL										#FIBERGLASS	#CONCRETE	#OTHER	<input type="checkbox"/>		
Fire Walls/Berms/Dikes (Rule 604)												<input type="checkbox"/>					
General Housekeeping (Rule 603.G)												<input type="checkbox"/>					
Spills (Oil/Water) (Rule 908)												<input type="checkbox"/>					
UIC ROUTINE INSPECTION FILL OUT FORM 21 WHEN WITNESSING MIT		INJ PRESSURE				PSIG		COMMENTS									
		T-C ANN PRESSURE				PSIG											
		BRHD PRESSURE				PSIG											
Drilling Well/Workover (Rule 315)												<input type="checkbox"/>					
Surface Rehabilitation (Rule 317)		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		73 Sipprelle Dr., Suite J1	
<input checked="" type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION		Parachute, CO 81524 970-285-9000	
Date: 6-5-02	Facility ID:	Operator: N/A	
Location: 5ENW, 18, 6N, 86W		Lease Name: State #1 S	
API Number: 05 - 107 - 5087		Inspector: JAIME ADKINS Cell: 970-250-2440	
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
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"/>
Well ID Signs (Rule 210) Y N		Fences Y N	
Comments:		Comments:	
Production Pits (Rule 902, 903, 904) EARTHEN PITS ONLY		Oil Accumulation? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO		Total # _____ Covered # _____ Uncovered # _____	
Produced Water Pits Comments:		Total # _____ Lined # _____ Unlined # _____	
Skimming/Settling Pits Comments:		Total # _____ Lined # _____ Unlined # _____	
Special Purpose Pits Comments:		Total # _____ Lined # _____ Unlined # _____	
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)		Found 10 3/4" x 7" annulus full of cement. Tagged POTD or fill at \approx 2790'. Set 50 sq plug f. 2790'-2515'	
Surface Rehabilitation (Rule 1003, 1004)			
Miscellaneous			
CORRECTIVE ACTION REQUIRED:			
Date Corrective Action Required By:		Date Remedied:	

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