



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: 00005
 Name of Operator: N/A COGCC
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact Name and Telephone
 No: _____
 Fax: _____
 24 hour notice required, contact:
 Tel: _____

API Number: 107-5092 OGCC Lease No.: #3 Other wells this lease? Y N
 Well Name: Bradley Well Number: #3
 Location (QtrQtr, Sec, Twp, Rng, Meridian): NENW, 18, 6N, 86W
 County: ROUIT Federal, Indian or State Lease Number: _____
 Field Name: Tow Creek 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: 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: OPEN HOLE 2772-3285'

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
Conductor	13 3/4	106'	Surf	
Surface	5 1/2	619'	Surf	
Production	5 1/2	2772'		

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 90 sks cmt from 3280' ft. to 2610' ft. in Casing Open Hole Annulus
 Set 75 sks cmt from 640' ft. to 520' ft. in Casing Open Hole Annulus
 Set 10 sks cmt from 50' ft. to 0' ft. in Casing Open Hole Annulus
 Set 10 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

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: Yes No
 Set _____ sacks in mouse hole

Additional Plugging Information for Subsequent Report Only

Casing Recovered: _____ ft. of _____ inch casing. Plugging Date: 05-18-02
 *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: NWAE Date: 8-19-02
 OGCC Approved: _____ Title: _____ Date: _____
 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- <i>107 - 5092</i>			LEASE NAME: <i>Bradley #3</i>																										
LOCATION: <i>NENW, 18, 6N, 36W</i>			OPERATOR: <i>N/A</i>																										
DATE: <i>8-16-02</i>			INSPECTOR: JAIME ADKINS MOBIL (970)-250-2440																										
INSP TYPE <i>SR</i>	INSP STATUS <i>PA</i>	PA <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	PASS/FAIL <input checked="" type="checkbox"/> P <input type="checkbox"/> F	VIOLATION <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	NOV <input type="checkbox"/> Y <input checked="" type="checkbox"/> 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		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">PRODUCED WATER PITS</td> <td style="width: 10%;">TOTAL # _____</td> <td style="width: 20%;">OIL ACCUMULATION</td> <td style="width: 10%;"><input type="checkbox"/> YES</td> <td style="width: 10%;"><input type="checkbox"/> NO</td> <td style="width: 10%;"><input type="checkbox"/></td> </tr> <tr> <td style="border-bottom: 1px solid black;">SKIMMING/SETTLING PITS</td> <td>TOTAL # _____</td> <td>COVERED # _____</td> <td>UNCOVERED # _____</td> <td></td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black;">SPECIAL PURPOSE PITS</td> <td>TOTAL # _____</td> <td>LINED # _____</td> <td>UNLINED # _____</td> <td></td> <td></td> </tr> <tr> <td colspan="6" style="border-bottom: 1px solid black;">COMMENTS/SIZE _____</td> </tr> </table>				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 _____					
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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 _____																											
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)		<i>Surface Recl. complete, Mortons to do re-veg + weed control, see picture</i> <input type="checkbox"/>																											
Miscellaneous		<i>1</i> <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
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Date: <i>5-18-02</i>	Facility ID:	Operator: <i>N/A</i>
Location: <i>NENW, 18, 6N, 86W</i>		Lease Name: <i>Bradley #3</i>
API Number: <i>05-107-5092</i>		Inspector: JAIME ADKINS Cell: 970-250-2440

INSP TYPE	INSP STATUS: <i>PA</i>	RECLAM <input type="checkbox"/>	PASS <input checked="" type="checkbox"/>	INTER <input checked="" type="checkbox"/>	PASS/FAIL <input type="checkbox"/>	P <input type="checkbox"/>	F <input type="checkbox"/>	VIOLATION <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	NOV <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>
UIC VIOL TYPE: <input type="checkbox"/> 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													

CA

Well ID Signs (Rule 210) Y N Comments:	Fences Y N (Rule 603.b.(7), 1002.a) Comments:
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Production Pits (Rule 902, 903, 904) EARTHEN PITS ONLY SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO	<table style="width: 100%;"> <tr> <td style="width: 30%;">Produced Water Pits</td> <td style="width: 20%;">Total # _____</td> <td style="width: 30%;">Oil Accumulation? <input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Comments:</td> <td colspan="3"></td> </tr> <tr> <td>Skimming/Settling Pits</td> <td>Total # _____</td> <td>Covered # _____</td> <td>Uncovered # _____</td> </tr> <tr> <td>Comments:</td> <td colspan="3"></td> </tr> <tr> <td>Special Purpose Pits</td> <td>Total # _____</td> <td>Lined # _____</td> <td>Unlined # _____</td> </tr> <tr> <td>Comments:</td> <td colspan="3"></td> </tr> </table>	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:			
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Comments:																									

Tank Battery Equipment (Rule 604)	<input type="checkbox"/> BURIED OR PARTIALLY BURIED VESSELS : #STEEL #FIBERGLASS #CONCRETE #OTHER
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Fire Walls/Berms/Dikes [Rule 604.a.(4)]	<input type="checkbox"/>
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General Housekeeping (Rule 603.g)	<input type="checkbox"/>
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Spills (Oil/Water) (Rule 906)	<input type="checkbox"/>
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UIC Routine Inspection FILL OUT FORM 21 WHEN WITNESSING MIT	Inj. Pressure _____ Psig T-C Ann. Pressure _____ Psig	COMMENTS
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Drilling Well/Workover (Rule 317)	<i>witnessed bottom plug. Pumped 90 SK plug.</i>	<input type="checkbox"/>
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Surface Rehabilitation (Rule 1003, 1004)	<input type="checkbox"/>
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Miscellaneous	<input type="checkbox"/>
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CORRECTIVE ACTION REQUIRED:	
Date Corrective Action Required By:	Date Remedied:

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Yes

TOW CREEK PLUGGING PROCEDURE
BRADLEY #3 API# 107-05092
 SWNENW, SECTION 18, 16N, R86W, 6TH PM
 ROUTT COUNTY, COLORADO



WELL INFORMATION:

TOTAL DEPTH DRILLED 3285' ✓
 PLUG BACK TD 3285'
 OPEN HOLE 3285' - 2772' ✓

CONDUCTOR 13 3/8" at 106'
 SURFACE CASING 8 5/8" at 619' W/ 350 SX
 PRODUCTION CASING 5 1/2" 14# I-55 at 2772' W/ 150 SX ✓ *est TOC 1900'*

OIL SHOWS 2798', 3185' - 3200'

Well is currently shut in with rods and tubing in the hole. Casing pressure is appx. 5 psig. The well is shut in because it is pretty well watered out. There is probably a short column of oil (10' - 50') on top of a column of water which should be circulated out during plugging operations.

PROCEDURE:

- (1) **MIRU.** Install BOP if needed. POOH with rods and tubing. RIH with tubing and tag fill at estimated depth of 3280'. Set balanced cement plug from TD to 2700'. Tag at or above 2722'. $(0.1370 \text{ cf/ft} * 563') * (1.3 / 1.15 \text{ cf/sk}) = 87 \text{ sx}$ (30% excess).
- (2) Circulate one hole volume with water. POOH laying down. Perforate 4 holes at 640'. Establish circulation down 5 1/2" casing and up 8 5/8" casing. Circulate 200' balanced cement plug. Tag at or above 570'. $[(0.1926 \text{ cf/ft} * 200') + (0.1370 \text{ cf/ft} * 200')] * (1.3 / 1.15) = 75 \text{ sx}$ (30% excess)
- (3) Set 50' cement plugs in 5 1/2" casing and in 5 1/2" X 8 5/8" annulus from 50' to surface. (est. 19 sx)
- (4) Cut off wellhead 3' below ground level. Flush out flowline with fresh water, cut off and cap both ends 3' below ground level.
- (5) Remove all equipment, materials, debris, deadmen and cement pad.