



**State of Colorado**  
**Oil and Gas Conservation Commission**  
DEPARTMENT OF NATURAL RESOURCES

FOR OGCC USE ONLY  
**RECEIVED**  
FEB - 7 00  
COGCC

*Date*

**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 one year after the approval date; after that period a new intent will be required. After the plugging is complete, this form shall again be submitted as a subsequent report of the work as actually completed.

ET: BSM DE: PR: ES:

24 hour notice required, contact

OGCC Operator Number: <u>67305</u>	Contact Name & Phone: <u>Jo Reich</u>
Name of Operator: <u>Patina Oil &amp; Gas Corporation</u>	No: <u>303-389-3600</u>
Address: <u>1625 Broadway/Suite 2000</u>	Fax: <u>303-595-7411</u>
City: <u>Denver</u> State: <u>Co.</u> Zip: <u>80202</u>	
API Number: <u>05-013-06357</u>	
Well Name: <u>Culver MC</u> Number: <u>16-1</u>	
Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>NENE Section 16-T1N-R69W</u>	
County: <u>Boulder</u> Federal, Indian or State lease number:	
Field Name: <u>Wattenberg</u> Field Number: <u>90750</u>	

@ \_\_\_\_\_

Complete the  
Attachment Checklist

Wellbore Diagram	Oper	OGCC
Cement Job Summary		
Wireline Job Summary		

**Notice of Intent to Abandon**       **Subsequent Report of Abandonment**

**Background for Intent Only**

Reason for abandonment:	<input type="checkbox"/> Dry	<input type="checkbox"/> Production sub-economic	<input type="checkbox"/> Mechanical problems	<input checked="" type="checkbox"/> Other
Casing to be pulled:	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	Top of casing cement:	<u>6676'</u>
Fish in hole:	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, explain details below:	
Wellbore has uncemented casing leaks:	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, explain details below:	
Details: <u>At the request of the surface &amp; mineral owner</u>				

**Current and Previously Abandoned Zones**

Formation	Perforations	Date	Method of Isolation (None, Squeezed, BP, Cement, etc.)	Plug Depth
<u>Codell</u>	<u>7712'-7724'</u>			
<u>Niobrara</u>	<u>7292'-7596'</u>			

**Casing History**

Casing String	Size	Cement Top	Stage Cement Top
<u>613'</u>	<u>8-5/8"</u>	<u>Surface</u>	
<u>7896'</u>	<u>3-1/2"</u>	<u>6676'</u>	<u>OK PER CBL</u>

**Plugging Procedure for Intent and Subsequent Report**

1. CIBP #1 Depth <u>7250'</u>	CIBP #2 Depth _____	CIBP #3 Depth _____	NOTE: Two (2) sacks cement required on all CIB
2. Set _____ sks cmt from _____ ft. to _____ ft. to		<input type="checkbox"/> Casing	<input type="checkbox"/> Open Hole <input type="checkbox"/> Annulus
3. Set _____ sks cmt from _____ ft. to _____ ft. to		<input type="checkbox"/> Casing	<input type="checkbox"/> Open Hole <input type="checkbox"/> Annulus
4. Set _____ sks cmt from _____ ft. to _____ ft. to		<input type="checkbox"/> Casing	<input type="checkbox"/> Open Hole <input type="checkbox"/> Annulus
5. Set _____ sks cmt from _____ ft. to _____ ft. to		<input type="checkbox"/> Casing	<input type="checkbox"/> Open Hole <input type="checkbox"/> Annulus
6. Set _____ sks cmt from _____ ft. to _____ ft. to		<input type="checkbox"/> Casing	<input type="checkbox"/> Open Hole <input type="checkbox"/> Annulus
7. Perforate and squeeze @ _____ ft. with _____ SKS	Leave at least 100 ft. in casing		
8. Perforate and squeeze @ _____ ft. with _____ SKS	Leave at least 100 ft. in casing		
9. Perforate and squeeze @ _____ ft. with _____ SKS	Leave at least 100 ft. in casing		
10. Set <u>50</u> SKS 1/2 in 1/2 out surface casing from <u>663'</u> ft. to <u>563'</u> ft.			
11. Set <u>70</u> SKS @ surface			
Cut 4 feet below ground level, weld on plate		Dry-Hole Marker <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Set _____ SKS in rate hole	Set _____ SKS in mouse hole		

**Additional Plugging Information for Subsequent Report Only**

Casing recovered: \_\_\_\_\_ ft. of \_\_\_\_\_ in. casing      Plugging date: \_\_\_\_\_

\*Wireline contractor: \_\_\_\_\_

\*Cementing contractor: \_\_\_\_\_

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 Jo Reich

Signed Jo Reich Title: Technician Date: 02/03/00

OGCC Approved: \_\_\_\_\_ Title: \_\_\_\_\_ Date: 2/28/2000

CONDITIONS OF APPROVAL, IF ANY:

*PROVIDE 24 HR NOTICE OF MURU TO  
DAVE SHELTON 303-894-2100 X 108*