

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



DE	ET	OE	ES
----	----	----	----

Document Number:

403375931

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: 69175

Contact Name: Valerie Danson

Name of Operator: PDC ENERGY INC

Phone: (970) 506-9272

Address: 1099 18TH STREET SUITE 1500

Fax:

City: DENVER

State: CO

Zip: 80202

Email: valerie.danson@pdce.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 05-123-27128-00

Well Name: NELSON

Well Number: 33-VD

Location: QtrQtr: SENE

Section: 33

Township: 5N

Range: 67W

Meridian: 6

County: WELD

Federal, Indian or State Lease Number:

Field Name: JOHNSTOWN

Field Number: 42600

Only Complete the Following Background Information for Intent to Abandon

Latitude: 40.357890

Longitude: -104.891360

GPS Data: GPS Quality Value: 1.6 Type of GPS Quality Value: PDOP Date of Measurement: 03/02/2009

Reason for Abandonment:

☐ Dry☒ Production Sub-economic☐ Mechanical Problems☐ OtherCasing to be pulled: ☐ Yes☒ No

Estimated Depth:

Fish in Hole: ☐ Yes☒ No

If yes, explain details below

Wellbore 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
CODELL	7094	7106			

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	8+5/8	J55	24	0	587	450	587	0	VISU
1ST	7+7/8	4+1/2	J55	11.6	0	7247	850	7247	194	CBL

Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 6724 with 2 sacks cmt on top. CIBP #2: Depth 4470 with 2 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 10 sks cmt from 6993 ft. to 6873 ft. Plug Type: CASING Plug Tagged: ☐
Set 40 sks cmt from 2600 ft. to 2100 ft. Plug Type: CASING Plug Tagged: ☐
Set _____ sks cmt from _____ ft. to _____ ft. Plug Type: _____ 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 7106 ft. with 9 sacks. Leave at least 100 ft. in casing 6994 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 93 sacks half in. half out surface casing from 1225 ft. to 0 ft. Plug Tagged: ☒

Set _____ 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 Number of Days from Setting Surface Plug
Surface Plug Setting Date: _____ Cut and Cap Date: _____ 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:

Nelson 33-VD (05-123-27128)/Plugging Procedure (Intent)
Producing Formation: Codell: 7094'-7106'
Upper Pierre Aquifer: 650'-1125'
Deepest Water Well: 300'
TD: 7269' PBTD: 7215' (06/16/2009)
Surface Casing: 8 5/8" 24# @ 587' w/ 450 sxs cmt
Production Casing: 4 1/2" 11.6# @ 7247' w/ 850 sxs (TOC @ 194' - CBL)

Tubing: 2 3/8" tubing set @ 7079' (1/12/2009)

Proposed Procedure:

1. MIRU pulling unit. Pull 2 3/8" tubing.
2. RU wireline company.
3. TIH with CICR. Set CICR at 6994'. RU cementing company. Sting in and pump 19 sxs 15.8#/gal CI G cement. Sting out and leave 10 sxs (of the 19 sxs) cement on top of CICR. (Top of Codell perms @ 7094')
4. TIH with CIBP. Set BP at 6724'. Top with 2 sxs 15.8#/gal CI G cement. (Top of Niobrara @ 6774')
5. TIH with CIBP. Set BP at 4470'. Top with 2 sxs 15.8#/gal CI G cement. (Top of Sussex @ 4520')
6. TIH with tubing to 2600'. Mix and pump 40 sxs 15.8#/gal CI G cement down tubing (Coverage from 2600'-2100')
7. PU tubing to 1225'. Mix and pump 93sxs 15.8#/gal CI G cement down tubing. (Pierre Coverage from 1225' to surface) Cement should circulate to surface.
8. Well casing cut and capped per COGCC guidelines at a depth as not to interfere with soil cultivation.

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

Signed: _____

Print Name: Valerie Danson

Title: Reg Analyst

Date: _____

Email: valerie.danson@pdce.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>
0 COA	

Attachment List

<u>Att Doc Num</u>	<u>Name</u>
403375967	WELLBORE DIAGRAM
403375969	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)