

Document Number:
403753201

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.

ECMC Operator Number: 95620 Contact Name: Steve James

Name of Operator: WESTERN OPERATING COMPANY Phone: (303) 726-8650

Address: 1165 DELAWARE STREET #200 Fax: _____

City: DENVER State: CO Zip: 80204 Email: steve@westernoperating.com

For "Intent" 24 hour notice required, Name: Schure, Kym Tel: (970) 520-3832

ECMC contact: Email: kym.schure@state.co.us

Type of Well Abandonment Report: Notice of Intent to Abandon Subsequent Report of Abandonment

API Number 05-121-06991-00

Well Name: G O YEAMANS Well Number: 1

Location: QtrQtr: SENW Section: 15 Township: 2N Range: 52W Meridian: 6

County: WASHINGTON Federal, Indian or State Lease Number: _____

Field Name: SURVEYOR CREEK Field Number: 80300

Only Complete the Following Background Information for Intent to Abandon

Latitude: 40.141810 Longitude: -103.184220

GPS Data: GPS Quality Value: 6.0 Type of GPS Quality Value: _____ Date of Measurement: 03/21/2006

Reason for Abandonment: Dry Production Sub-economic Mechanical Problems

Other Reducing well count

Casing 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: Casing holes have been reported for the well per Form 5 Doc# 400401387

Current and Previously Abandoned Zones

Formation	Perf. Top	Perf. Btm	Abandoned Date	Method of Isolation	Plug Depth
D SAND	4592	4596			

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+1/2	8+5/8	NA	24	0	202	190	202	0	VISU
1ST	7+7/8	4+1/2	NA	9.5	0	4675	150	4675	3917	CALC

Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 4542 with 2 sacks cmt on top. CIBP #2: Depth _____ with _____ 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 8 sks cmt from 3550 ft. to 3450 ft. Plug Type: CASING Plug Tagged:
Set 8 sks cmt from 1500 ft. to 1400 ft. Plug Type: CASING Plug Tagged:
Set 30 sks cmt from 402 ft. to 0 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:

Perforate and squeeze at 3550 ft. with 40 sacks. Leave at least 100 ft. in casing _____ CICR Depth
Perforate and squeeze at 1500 ft. with 40 sacks. Leave at least 100 ft. in casing _____ CICR Depth
Perforate and squeeze at 402 ft. with 80 sacks. Leave at least 100 ft. in casing _____ CICR Depth
(Cast Iron Cement Retainer Depth)

Set _____ sacks half in. half out surface casing from _____ ft. to _____ 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 to Capping or Sealing the Well: _____
Surface Plug Setting Date: _____ Cut and Cap Date: _____

*Wireline Contractor: _____ *Cementing Contractor: _____

Type of Cement and Additives Used: _____

Flowline/Pipeline has been abandoned per Rule 1105 Yes No

Technical Detail/Comments:

No CPW buffers

Initial Form 27 work plan and related flowline Form 42/44 documentation will be completed by Entrada Consulting Group

Plugging procedure previously approved per Form 6 Document Number 403457388:

NOTE: Bradenhead tests on 5/24/23 and 8/30/22 may indicate a casing leak of unknown depth. CICR will be required starting with Plug #2 if casing does not test after Plug #1 is set. Set 50' above the perfs and spot 5 sx of cement on top of the CICR, Plug #1 - 4542', CIBP with 2 sx of cement,

Plug #2 - 3550', perf and squeeze 40 sx into the perfs, spot 8 sx in the casing(100'), WOC and tag if CICR is not used,

Plug #3 - 1500', perf and squeeze 40 sx into the perfs, spot 8 sx in the casing (100'), WOC and tag if CICR is not used.

NOTE: Due to the reported Bradenhead pressure, a stop of 8 hrs after pumping this plug is required to see that no pressure builds or flow remains on the Bradenhead. Additional squeezes may be required if isolation has not been achieved. Notify ECMC Area Engineer before proceeding.

Plug #4 - 402', perf and circulate 110 sx of cement to surface. If perfs will take fluid but do not circulate or circulation is lost, pump a minimum of 60 sx and displace to 152', 50' above the surface shoe, WOC and tag at 152' or shallower. Notify ECMC Area Engineer of insufficient cement prior to pumping additional plugs.

Plug #5 - 50' of cement at the surface in both the casing and the annulus per COA #4.

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

Signed: _____

Print Name: Ben Baugh _____

Title: Senior Geologist _____

Date: _____

Email: bbaugh@entradainc.com _____

Based on the information provided herein, this Well Abandonment Report (Form 6) complies with ECMC Rules and applicable orders and is hereby approved.

ECMC Approved: _____

Date: _____

CONDITIONS OF APPROVAL, IF ANY LIST

Expiration Date: _____

COA Type	Description
0 COA	

ATTACHMENT LIST

Att Doc Num	Name
403753202	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)