



FOR OGCC USE ONLY

01234548

Date Received: 12/19/2000
Doc Num: 200012361

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 (6) 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 ALONG WITH THIRD PARTY CEMENT VERIFICATION AS A SUBSEQUENT REPORT OF THE WORK AS ACTUALLY COMPLETED.

OGCC Operator Number: 46290 Name of Operator: K P KAUFFMAN COMPANY INC Address: 1675 BROADWAY, STE 2800 City: DENVER State: CO Zip: 80202	Contact Name and Telephone Phone: Fax: 303 825-4825	24-hour Contact (required) LINDA PAVELKA Tel: 303 732-9414
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API Number: 05-123-09084 00	OGCC Lease No.:	Other wells in this lease?
Well Name: UPRR 43 PAN AM G	Well Number: 9	
Location (QtrQtr, Sec, Twp, Rng, Mer): NESW Sec 29 T 1N R 67W PM 6		
County: WELD	Federal, Indian, or State Lease Number:	
Field Name: SPINDLE	Field Number: 77900	

Attachment Checklist	Doc Num

Notice of Intent to Abandon

Only Complete the Following Background Information for Intent to Abandon

Reason for Abandonment: MECH. PROB
Casing to Be Pulled: Yes Top of Casing Cement:
Fish in Hole: No
Wellbore has Uncemented Casing Leaks: Yes
Details: CASING LEAKS 1448'-1790'

Current and Previously Abandoned Zones					
Formation code	Perf Top	Perf Bottom	Date Abandoned	Method of Isolation	Plug Depth
SUSX	4846	4874		NONE	

Casing History				
Casing String	Casing Size	Casing Depth	Cement Top	Stage Cement Top
SURF	8 5/8	876	0	
1ST	4 1/2	4963		

Plugging Procedure for Intent and Subsequent Report

CIBP # 1: Depth 4795 ft. with 2 sacks cement on top. NOTE: Two(2) sacks cement required on all CIBPs.

Set 40 sacks cement from 1300 ft. to 1200 ft. in OPEN HOLE

Set 50 sacks half in, half out surface casing from 910 ft. to 810 ft.

Set 10 sacks at surface.

Cut all casing strings four feet below ground level, weld on plate Dry-Hole Marker : No

Set sacks in rat hole. Set sacks in mouse hole.

Additional Plugging Information for Subsequent Report Only

Casing Recovered: ft. of inch 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: Signed? Title: Date: 12/19/2000

OGCC Approved: SHELTOND
CONDITIONS OF APPROVAL, IF ANY:

P&A procedures require 48 hours notice of MIRU. Contact Linda Pavelka at 303-857-1635 or 303-886-7223

K.P. KAUFFMAN COMPANY, INC.
FIELD OFFICE
10137 WELD COUNTY ROAD 19
FORT LUPTON, COLORADO 80621

FACSIMILE NUMBER
(303) 833-3285

If you have problems receiving this transaction, please contact us at (303) 833-5670

CONFIDENTIALITY NOTE:

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE ADDRESSEE NAMED BELOW. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTIONS OR COPY OF THIS TELECOPY IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY UNITED STATES POSTAL SERVICE. WE WILL REIMBURSE ANY COSTS YOU INCUR IN NOTIFYING US AND RETURNING THE MESSAGE TO US. THANK YOU.


FACSIMILE COVER LETTER

DATE: 12-19-00
TO: DAVE SHELTON
NO. OF PAGES (Including Cover Sheet): 4
FAX NO.: 303/894-2109
FROM: RICK CHLEMEIER cell: 303/472-2763
NOTE: DAVE, UPRR 43 PAN AM ~~2~~ G #9
CASING LEAK INTERVAL: ~ 1448' TO 1790'
NEED PLUGGING ORDERS.

THANKS,
RICK

OCC FORM 5
REV 7-6OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES
OF THE STATE OF COLORADOFile in triplicate for Private and Federal lands.
File in quadruplicate for State lands.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1. TYPE OF WELL: OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/> DRY <input type="checkbox"/> Other _____		5. LEASE DESIGNATION AND SERIAL NO. <div style="text-align: center;"></div>					
2. TYPE OF COMPLETION: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> REPERFORATE <input type="checkbox"/> Other _____		8. INDIAN, ALLOTTEE OR TRIBE NAME					
3. NAME OF OPERATOR Amoco Production Company		7. UNIT AGREEMENT NAME					
4. ADDRESS OF OPERATOR P.O. Box 39200 - Denver, Colorado 80239		9. FROM OR LEASE NAME UPRR 43 Pan Am "G"					
10. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 2120 FWL 2120 FSL NE SW Sec. 29 At top prod. interval reported below At total depth		10. WELL NO. 9					
11. FIELD AND FOOT OR WILDCAT Spindle		11. SEC. T. R. M. OR BLOCK AND SURVEY OR AREA Sec. 29, T1N, R67W					
12. PERMIT NO. 7719		12. DATE ISSUED 1-12-77					
13. COUNTY Weld		13. STATE Colorado					
14. DATE APPLIED 12-27-76	15. DATE T.D. REACHED 1-2-77	16. DATE COMPL. (Ready to prod.) 4-3-77	17. ELEVATIONS (OF, RAB, RT, GR, ETC.) 5064 RKB				
18. TOTAL DEPTH, MD & TVD 4925 4975	19. PLUG BACK T.D., MD & TVD 4900	20. IF MULTIPLE COMPL. HOW MANY	21. INTERVALS DRILLED BY O-TD				
22. PRODUCING INTERVAL(S), OF THIS COMPLETION—TDP, BOTTOM, NAME (MD AND TVD) 4736-4788 Sussex			23. WAS DIRECTIONAL SURVEY MADE No				
24. TYPE ELECTRIC AND OTHER LOGS RUN SP-IES, FDC-GR Caliper		25. WAS WELL CORED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (Submit daily log) DRILL STEM TEST YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (See log, page side)					
26. CASING RECORD (Report all strings set in well)							
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED		
8 5/8	24	876	12 1/4	600 SX			
4 1/2	10.5	4963	7 7/8	200 SX			
27. LINER RECORD				28. TUBING RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	BACKS CEMENT	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8	4881	
29. PERFORATION RECORD (Interval, size and number) 4736-4788 W/20SPF 4846-4874				30. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED						
4736-4788	121,200 Gal Fluid						
	72,000 #20/40 S						
	156,000 #10/20 S						
31. PRODUCTION				32. WELL STATUS (Producing or shut-in)			
DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)					
3-2-77	PMP 20-125-RHAC-12-5-2-4	POW					
DATE OF TEST 4-3-77	HOURLY TESTED 24	CHARGE SIZE	PROD'N FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS/OIL RATIO
				68	156	2	
FLOW TESTING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY API (CGS)	
			68	156	2	44.4 x 79°F	
33. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)				34. TEST WITNESSED BY			
35. LIST OF ATTACHMENTS				36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED _____				DATE 4-27-77			
TITLE Area Admin. Supervisor							

See Spaces for Additional Data on Reverse Side