

FORM  
6  
Rev  
11/20

State of Colorado

Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109

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OE

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Document Number:  
  
403921867

Date Received:

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:100322

Contact Name:Charles Schendzielos

Name of Operator:NOBLE ENERGY INC

Phone:(970) 342-6667

Address:1099 18TH STREET SUITE 1500

Fax:

City:DENVERState:COZip:80202

Email:charles.schendzielos@chevron.com

For "Intent" 24 hour notice required,Name: Santistevan, BrittaniTel:(720) 471-1110

ECMC contact:Email: brittani.santistevan@state.co.us

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

API Number05-123-12752-00

Well Name:LEHANWell Number:3

Location:QtrQtr: NWNESection: 8Township: 4NRange: 65WMeridian: 6

County:WELDFederal, Indian or State Lease Number:63322

Field Name:WATTENBERGField Number:90750

Only Complete the Following Background Information for Intent to Abandon

Latitude:40.332330Longitude:-104.684610

GPS Data:GPS Quality Value:3.0Type of GPS Quality Value:PDOPDate of Measurement:08/08/2006

Reason for Abandonment:☐ Dry☒ Production Sub-economic☐ Mechanical Problems

☐ Other

Casing to be pulled:☐ Yes☒ NoEstimated Depth:

Fish in Hole:☐ Yes☒ NoIf yes, explain details below

Wellbore has Uncemented Casing leaks:☐ Yes☒ NoIf yes, explain details below

Details:

Current and Previously Abandoned Zones

Formation	Perf. Top	Perf. Btm	Abandoned Date	Method of Isolation	Plug Depth
NIOBRARA-CODELL	6816	7132			

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	NA	24	0	545	300	545	0	VISU
1ST	7+7/8	4+1/2	NA	10.5	0	7244	250	7244	6180	CBL

Date Run: 9/16/2024 Doc [#403921867] Well Name: LEHAN 3

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## Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 6768 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 <u>10</u> sks cmt from <u>4087</u> ft. to <u>4007</u> ft.	Plug Type: <u>CASING</u>	Plug Tagged: <input type="checkbox"/>
Set <u>35</u> sks cmt from <u>2219</u> ft. to <u>1819</u> ft.	Plug Type: <u>CASING</u>	Plug Tagged: <input type="checkbox"/>
Set <u>60</u> sks cmt from <u>745</u> ft. to <u>0</u> ft.	Plug Type: <u>CASING</u>	Plug Tagged: <input checked="" type="checkbox"/>
Set _____ sks cmt from _____ ft. to _____ ft.	Plug Type: _____	Plug Tagged: <input type="checkbox"/>
Set _____ sks cmt from _____ ft. to _____ ft.	Plug Type: _____	Plug Tagged: <input type="checkbox"/>

Perforate and squeeze at 4107 ft. with 35 sacks. Leave at least 100 ft. in casing 4087 CICR Depth  
Perforate and squeeze at 2319 ft. with 155 sacks. Leave at least 100 ft. in casing 2219 CICR Depth  
Perforate and squeeze at 745 ft. with 180 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:

This well is part of the AOC (Order 1V-668) Alt MIT program.

3rd party wildlife surveys will be conducted on this well prior to rigging up for P&A activities.

Notification will be given to any adjacent building unit occupants within a 1000 feet of the wellhead of planned P&A start date.

Please be aware that Form 6 Approval can predate actual rig work by up to several months and that environmental conditions can change quickly over that time. Chevron's Environmental Site Screening Process incorporates full environmental field clearances within 7 days of a scheduled well-work activity once the well is added to the active workover rig schedule. Should sensitive HPH conditions be identified during the screening process, Chevron will delay the work until conditions (nesting) clear and/or consult directly with CPW for guidance and discussion of potential mitigation measures that may be incorporated.

CPW consult not required.

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

Signed: \_\_\_\_\_ Print Name: Sharon Strum

Title: Lead Wells Technical Asst Date: \_\_\_\_\_ Email: sharon.strum@chevron.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: \_\_\_\_\_

<u>COA Type</u>	<u>Description</u>
0 COA	

**ATTACHMENT LIST**

<u>Att Doc Num</u>	<u>Name</u>
403921936	WELLBORE DIAGRAM
403921937	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)