

FORM  
6Rev  
11/20

## State of Colorado

## Energy &amp; Carbon Management Commission

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



DE ET OE ES

Document Number:

404184062

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: 100322

Contact Name: Maryam Akbari

Name of Operator: NOBLE ENERGY INC

Phone: (661) 633-4604

Address: 1099 18TH STREET SUITE 1500

Fax:

City: DENVER

State: CO

Zip: 80202

Email: maryamakbari@chevron.com

**For "Intent" 24 hour notice required,**

Name: Evins, Bret

Tel: (970) 420-6699

**ECMC contact:**

Email: bret.evins@state.co.us

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

API Number 05-123-26560-00

Well Name: WELLS RANCH -USX BB

Well Number: 15-11

Location: QtrQtr: NESW

Section: 15

Township: 5N

Range: 63W

Meridian: 6

County: WELD

Federal, Indian or State Lease Number:

Field Name: WATTENBERG

Field Number: 90750

*Only Complete the Following Background Information for Intent to Abandon*

Latitude: 40.397827

Longitude: -104.425085

GPS Data: GPS Quality Value: 3.9 Type of GPS Quality Value: PDOP Date of Measurement: 08/08/2008

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 belowWellbore has Uncemented Casing leaks: ☐ Yes ☒ No If yes, explain details below

Details: Fish - Stage Tool 3915'-3920'

## Current and Previously Abandoned Zones

Formation	Perf. Top	Perf. Btm	Abandoned Date	Method of Isolation	Plug Depth
CODELL	6630	6641			
NIOBRARA	6364	6470			

Total: 2 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	475	247	475	0	VISU
1ST	7+7/8	4+1/2	M80	11.6	0	6791	900	6791	1832	CBL

## Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 6316 with 2 sacks cmt on top. CIBP #2: Depth 2267 with 10 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 _____	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"/>
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"/>
Set _____	sks cmt from _____	ft. to _____	ft.	Plug Type: _____	Plug Tagged: <input type="checkbox"/>

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

Perforate and squeeze at \_\_\_\_\_ ft. with \_\_\_\_\_ sacks. Leave at least 100 ft. in casing \_\_\_\_\_ CICR Depth

(Cast Iron Cement Retainer Depth)

Set 220 sacks half in. half out surface casing from 675 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

Surface Plug Setting Date: \_\_\_\_\_ Cut and Cap Date: \_\_\_\_\_ Number of Days from Setting Surface Plug 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:

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>
404184068	WELLBORE DIAGRAM
404184069	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)