

081-06959

FORM 6 Rev. 6/99

State of Colorado Oil and Gas Conservation C

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2101



FOR OGCC USE ONLY
RECEIVED
MARCH 23 2000
3M

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 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 as a subsequent report of the work as actually completed.

OGCC Operator Number: <u>55575</u>	Contact Name and Telephone <u>John Steuble x302</u>	24 hour notice required, contact: Tel: _____
Name of Operator: <u>Mc Elvain Oil & Gas Properties</u>	No: <u>303-893-0933</u>	
Address: <u>1050 17th Street, Suite 710</u>	Fax: <u>303-893-0914</u>	
City: <u>Denver</u> State: <u>CO</u> Zip: <u>80265</u>		

API Number: <u>05-081-06959</u> OGCC Lease No.: <u>1</u> Other wells this lease? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Complete the Attachment Checklist <table border="1"> <tr><td>Wellbore Diagram</td><td>Oper</td><td>OGCC</td></tr> <tr><td>Cement Job Summary</td><td></td><td></td></tr> <tr><td>Wireline Job Summary</td><td></td><td></td></tr> </table>	Wellbore Diagram	Oper	OGCC	Cement Job Summary			Wireline Job Summary		
Wellbore Diagram		Oper	OGCC							
Cement Job Summary										
Wireline Job Summary										
Well Name: <u>B Sand Hills Federal</u> Well Number: <u>5-9</u>										
Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>Lot B, Sec 5, T11N, R91W 6th Meridian</u>										
County: <u>Moffat</u> Federal, Indian or State Lease Number: <u>COC-60765</u>										
Field Name: <u>West Side Canal</u> Field Number: <u>92000</u>										

Notice of Intent to Abandon Subsequent Report of Abandonment

Only Complete the Following Background Information for Intent to Abandon

Reason for Abandonment: Dry Production Sub-Economic Mechanical Problems Other

Casing to be Pulled: Yes No Top of Casing Cement: _____

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	Perforations - Top	Perforations - Bottom	Date Abandoned	Method of Isolation (None, Squeezed, BP, Cement etc.)	Plug Depth
<u>Almond</u>	<u>6142'</u>	<u>6162'</u>	<u>12-1-99</u>	<u>CIBP capped w/cement</u>	<u>6125'</u>

Casing History

Casing String	Casing Size	Casing Depth	Cement Top	Stage Cement Top
<u>Surface Production</u>	<u>8-5/8"</u> <u>4-1/2"</u>	<u>522'</u> <u>6855'</u>	<u>Surface</u> <u>3715'</u>	

Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 6125 with 4 sacks cmt on top. CIBP #2: Depth _____ with _____ sacks cmt on top

NOTE: Two (2) sacks cement required on all CIBPs.

Set _____ sks cmt from _____ ft. to _____ ft. in Casing Open Hole Annulus

Set _____ sks cmt from _____ ft. to _____ ft. in Casing Open Hole Annulus

Set _____ sks cmt from _____ ft. to _____ ft. in Casing Open Hole Annulus

Set _____ sks cmt from _____ ft. to _____ ft. in Casing Open Hole Annulus

Set _____ sks cmt from _____ ft. to _____ ft. in Casing Open Hole Annulus

Perforate and squeeze at _____ ft. with _____ sacks Leave at least 100 ft. in casing

Perforate and squeeze at _____ ft. with _____ sacks Leave at least 100 ft. in casing

Perforate and squeeze at _____ ft. with _____ sacks Leave at least 100 ft. in casing

Set _____ sacks half in, half out surface casing from _____ ft. to _____ ft.

Set 25 sacks at surface

Cut four feet below ground level, weld on plate 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 Plugging Date 12-1-99

*Wireline Contractor: Lead Energy Services

*Cementing Contractor: Halliburton

Type of Cement and Additives Used: Class G + 2% CAC

*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: Anna M Griego

Signed: Anna M Griego Title: E&P Administrator Date: 1-26-2000

OGCC Approved: [Signature] NORTHWEST AREA ENGINEER Date: 3-23-00

Staff Note: BLM altered procedure on site. 3-23-00

DAILY WORK REPORT

LEED ENERGY SERVICES, INC.
 PHONE 303/887-4381
 METRO 888-8188
 PO BOX 329 • 1352 FACTORY DRIVE
 FT. LUPTON, CO 80621



MCN
 # 50640

Customer McELVIN oil & GAS Date 11-29-99
 Well/Lease SAND HILLS RD 5-9 MOFFAT COUNTY State COLO
 Word Order No. _____ Time 4 AM To _____ Area Rocky rings Field SAND HILLS
 RIG No. 699

HOURS	DESCRIPTION
3.	CREW TRAVEL TO RIG
11 1/2	SPOT RIG RU UNIT SPOT PUMP & TANK RU INHIBIT BOFS & MURPHY. EQUIPMENT BLOW WELL CANNAL PUMP TO IRKS DOWN TRG HILL. NG TRC, NU BOFS, RU FLOW TO H W/ 202 JTS & FROEPE NG/ELC. RU WIRELINE TO SET plug & dump cement. (2 RUNS) RD WIRELINE. TALLY IN HOLE ROLL HOLE W/ 95 BSK 916 BRINE. FEEL-UP DRAIN-UP SWIFN.
1.	CREW TRAVEL TO BRIG.

TOOL BOX SAFETY MEETING TOPIC: WET WEATHER HOT WEATHER

CHARGE RECORD

Rig Time <u>11 1/2</u> Hrs @ <u>140.00</u> Per Hr	\$ <u>1633.00</u>	Fishing Tool x	\$ _____
Crew Travel x <u>75.00</u> Hr x <u>4</u>	\$ <u>300.00</u>	Light Plant x	\$ _____
Mud Pump x Tank <u>60 HR x 4 HR</u>	\$ <u>240.00</u>	Swab Cups # @ \$	\$ _____
Power Swivel x	\$ _____	Swab Cups # @ \$	\$ _____
J.U. Head x	\$ _____	Oil Svr. Rbr # @ \$	\$ _____
Blow-out Preventer x	\$ _____	TBG Wiper Rubber <u>1</u> # @ \$ <u>47.59</u>	\$ <u>47.59</u>
Flanges x	\$ _____	Rod Wiper Rubber # @ \$	\$ _____
Tool Pusher	\$ _____	Permt. (# _____) @ \$	\$ _____
Mud Tank x	\$ _____	Other <u>OTE SUPPLY HWD x 3</u>	\$ <u>210.00</u>
Power Rod Tonge x	\$ _____	Other <u>1 HR 1000 DRY</u>	\$ <u>10.00</u>
Fuel _____ Gals. @ _____ Per Gal	\$ _____	Other	\$ _____
Pipe Dope @ \$ <u>30.00</u> Per Tnp	\$ <u>30.00</u>	Other	\$ _____
Paint @ \$ _____ Per Tnp	\$ _____	Other	\$ _____
Stripper Rubber # @ \$	\$ _____	Colorado Sales Tax x _____ %	\$ _____
		Total Charges	\$ <u>242.59</u>

CHARGE RECORD

Type Well Head _____	Mud Anchor _____	No. & Size Rods _____
Packer Settings _____	Size Tubing _____	No. & Size Subs _____
Type Packer _____	Subs _____	Pump Description (out) _____
No. Jts Tubing _____	Perf. Nppl. _____	(in) _____

John ...
 SIGNATURE - CUSTOMER REPRESENTATIVE

SIGNATURE - SUPERVISOR

	RIG	TRAVEL	TOTAL
OPERATOR: <u>MIKE EMMEN</u>	<u>11 1/2</u>	<u>4</u>	<u>15 1/2</u>
DERRICKMAN: <u>J. ...</u>	<u>11 1/2</u>	<u>4</u>	<u>15 1/2</u>
FLOOR HAND: <u>LEWIS ...</u>	<u>11 1/2</u>	<u>4</u>	<u>15 1/2</u>
FLOOR HAND:			



JOB SUMMARY

EMPLOYEE #	312175	TICKET DATE	12/01/99
REGION	NORTH AMERICA LAND	STATE / COUNTY	COLORADO MOFFAT
ASU ID / EMPL #	VE0100 122191	WELL NAME	S5 T11N R91W
LOCATION	208	COMPANY	MCELVAIN
TICKET AMOUNT		WELL TYPE	GAS
WELL LOCATION	N. CRAIG	DEPARTMENT	CMT
LEASE NAME	SAND HILLS 5-9	SEC / TWP / RND	S5 T11N R91W

H.E.S. EMP NAME / EMP # / (EXPOSURE HOURS)	HRS	H.E.S. EMP NAME / EMP # / (EXPOSURE HOURS)	HRS	H.E.S. EMP NAME / EMP # / (EXPOSURE HOURS)	HRS
L WELDON 122191	13.0	D HUGHES 181738	13.0	S WEBB 122405	13.0

H.E.S. UNIT #8 / (R/T MILES)	R/T MILES	H.E.S. UNIT #8 / (R/T MILES)	R/T MILES	H.E.S. UNIT #8 / (R/T MILES)	R/T MILES
421904	400	54170 78815	320	52936 4420	320

Form Name	Type	Date	Called Out	On Location	Job Started	Job Completed
Form Thickness	From To	11/30/1999	11/30/1999	12/01/1999	12/01/1999	
Packer Type	Set At	Time	0600	0:00	1408	1458
Bottom Hole Temp.	Pressure					
Retainer Depth	Total Depth					

Type and Size	Qty	Make	New/Used	Weight	Size	Grade	From	To	Max. Allow
Float Collar			U	11.8	4 1/2		0	TD	
Float Shoe									
Centralizers									
Top Plug									
Packer									
DV Tool									
Guide Shoe									Shots/Ft.
Other									
Other									

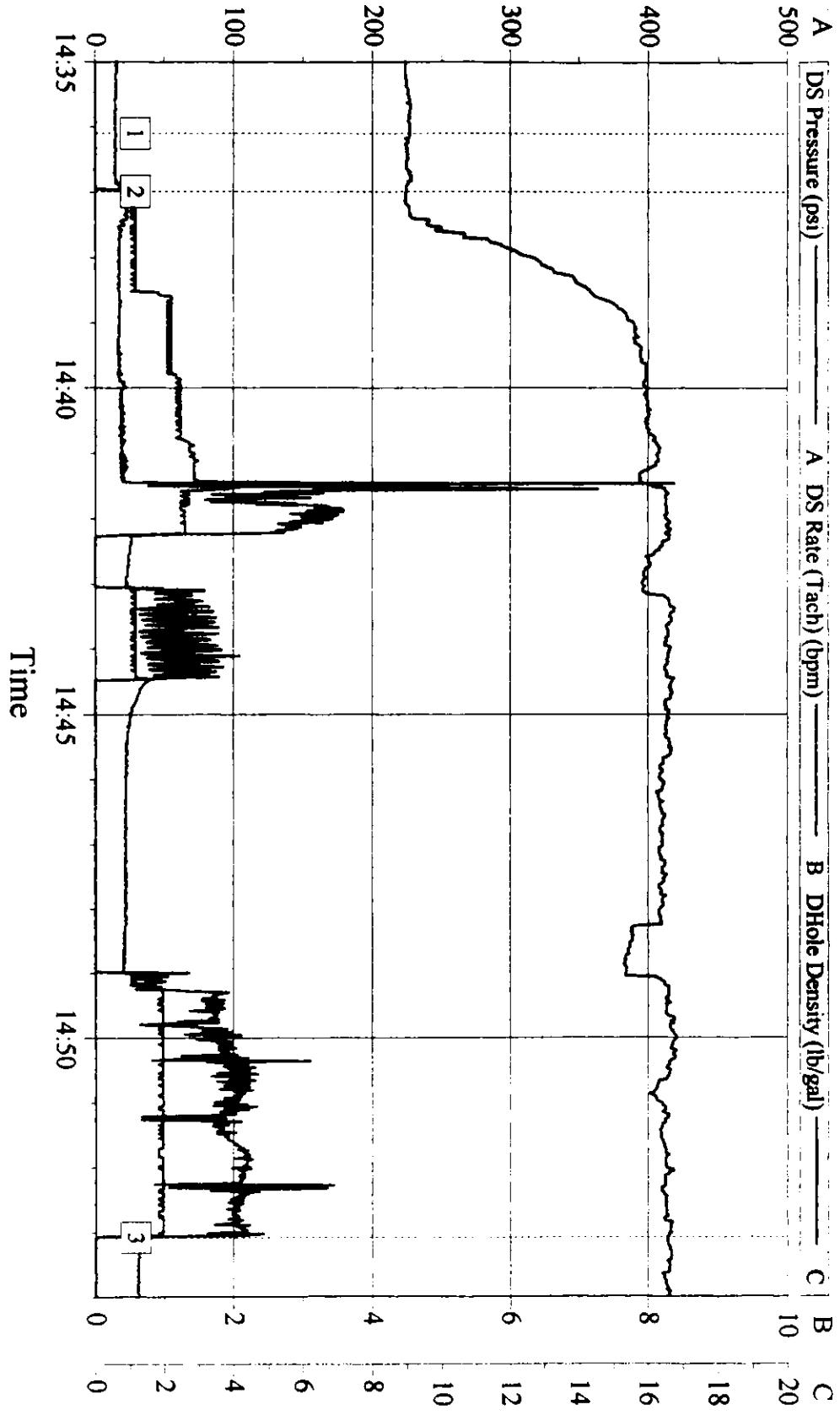
Mud Type	Density	Lb/Gal	Date	Hours	Date	Hours
Disp. Fluid	BRINE	9	11/30	8.0	12/1	0.5
Prop. Type	Size	Lb	12/1	7.0		
Prop. Type	Size	Lb				
Acid Type	Gal.	%				
Acid Type	Gal.	%				
Surfactant	Gal.	In				
NE Agent	Gal.	In				
Fluid Loss	Gal/Lb	In				
Gelling Agent	Gal/Lb	In				
Fric. Red.	Gal/Lb	In				
Breaker	Gal/Lb	In				
Blocking Agent	Gal/Lb					
Perfpac Balls	Qty.					
Other						
Other						
Other						
Other						
Other						

Ordered	Avail.	Used
Treating 2.5	Disp. 2.5	Overall 3
Feet 60.00	Reason	PTA WELL

Stage	Sacks	Cement	Bulk/Sks	Additives	W/Rq.	Yield	Lbs/Gal
	25	PREM 300	B	2% CACL2	5.00	1.15	15.8

Circulating Breakdown	Displacement	Preflush:	Gal - BBI	Type:
Lost Returns-YES	Maximum	Load & Bkdn:	Gal - BBI	Pad:Bbl -Gal
Cmt Rtm#Bbl	Actual TOC	Excess /ReturnGal BBI		Calc.Disp Bbl
Average	Frac. Gradient	Calc. TOC:		Actual Disp.
Shut In: Instant	5 Min. 15 Min.	Treatment:	Gal - BBI	Disp:Bbl-Gal
		Cement Slurry	Gal - BBI	5
		Total Volume	Gal - BBI	5

THE INFORMATION STATED HEREIN IS CORRECT
 CUSTOMER REPRESENTATIVE _____



Event Log

1 START WATER AHEAD 14:36:06 2 START CEMENT 14:36:59 3 END CEMENT 14:53:05

Customer: MCELVAIN
Well Desc: SAND HILLS #5-9 Sig PTA

Job Date: 12-1-99
Job Type:

Ticket #: 312175

H HALLIBURTON
ComWin v1.2.0
01-Dec-99 15:14

MCELVAIN OIL & GAS PROPERTIES, INC.

FACSIMILE TRANSMITTAL SHEET

TO: Bill McCaw FROM: Anna Griego Ext. 304
 COMPANY: Colorado Oil & Gas DATE: 10/29/99
 FAX NUMBER: 303-894-2109 TOTAL NO. OF PAGES INCLUDING COVER: 3
 PHONE NUMBER: 303-894-2100 x119 SENDER'S REFERENCE NUMBER:
 RE: Sandfills Federal 5-9 YOUR REFERENCE NUMBER:

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS

Bill -
 The intent we filed on the old
 form had been approved by someone
 in your office.
 If you need to see the PTA procedure
 that was previously filed, please call me.

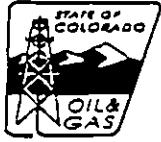
COLORADO OIL & GAS CONSERVATION COMMISSION

1120 Lincoln Street, Suite 801

Denver, CO 80203

(303) 894-2100 Ext 119

Fax (303) 894-2109



FACSIMILE TRANSMISSION

DATE:

1/15/99

TO:

Jane

COMPANY:

FAX:

FROM:

PAGES:

including this cover sheet.

RE:

MESSAGE:

FR reference: This is the PTA you
approved

Bill