

State of Colorado  
Oil and Gas Conservation Commission

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



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## 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 twelve 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.

COGCC Operator Number: 96850

Name of Operator: Williams Production RMT Company

Address: 1515 Arapahoe St., Tower 3, #1000

City: Denver

State: CO

Zip: 80202

Contact Name &amp; Telephone

No: 303 629 4272

Fax: 303 629 4272

24 hour notice required,

contact:

API Number 05-045-06610-00

Well Name: Arco

Well Number: GV 2-31

Location (QtrQtr, Sec, Twp, Rng, Meridian): SENE 31-6S-96W

County: Garfield

Federal, Indian or State Lease Number:

Field Name: Grand Valley

Field Number: 31290

## Complete the

## Attachment Checklist

Wellbore Diagram ☒ X

Cement Job Summary

Wireline Job Summary

☒ Notice of Intent to Abandon☐ Subsequent Report of Abandonment

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

Latitude: \_\_\_\_\_

Longitude: \_\_\_\_\_

Date of Measurement: \_\_\_\_\_

PDOP Reading: \_\_\_\_\_

Instrument Operator's Name: \_\_\_\_\_

Reason for Abandonment: ☐ Dry☒ Production Sub-economic☐ Mechanical Problems☐ OtherCasing 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: In 2006 a casing leak was detected and remediated. The remediation used a 4 1/2" lap from surface to 4854, the original 7" casing was surface. Cement was circulated from the bottom of 4 1/2" production string at 4854' to surface through the surface casing valve.

## Current and Previously Abandoned Zones

Formation	Perforations - Top	Perforations - Bottom	Date Abandoned	Method of Isolation (None, Squeezed, BP, Cement, etc.)	Plug Depth
Williams Fork	4912	6632	proposed	Cement Squeeze	4700-6632

## Casing History

String	Size of Hole	Size of Casing	Weight per ft	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
Surface	12 1/4	9 5/8	32 ppf	308.95	200	308.95	Surface
Prod #1	8 1/4	7	23, 26, 29, 34	100-6871	1041	6871	2325
Prod #2	6.366	4.5	11.6 ppf	4854	550	4854	Surface

## Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth \_\_\_\_\_ with \_\_\_\_\_ sacks cmt on top. CIBP #2: Depth \_\_\_\_\_ with \_\_\_\_\_ sacks cmt on top. CIBPs. NOTE: Two (2) sacks cement required on all CIBPs.

Set \_\_\_\_\_ 650 \_\_\_\_\_ sacks cmt from \_\_\_\_\_ 6871 \_\_\_\_\_ ft. to \_\_\_\_\_ 4912 \_\_\_\_\_ ft. in ☒ Casing ☐ Open Hole ☐ AnnulusSet \_\_\_\_\_ 125 \_\_\_\_\_ sacks cmt from \_\_\_\_\_ 4912 \_\_\_\_\_ ft. to \_\_\_\_\_ 4700 \_\_\_\_\_ ft. in ☒ Casing ☐ Open Hole ☐ AnnulusSet \_\_\_\_\_ 6.8 \_\_\_\_\_ sacks cmt from \_\_\_\_\_ 90 \_\_\_\_\_ ft. to \_\_\_\_\_ surface \_\_\_\_\_ ft. in ☒ Casing ☐ Open Hole ☐ AnnulusSet \_\_\_\_\_ \_\_\_\_\_ sacks cmt from \_\_\_\_\_ \_\_\_\_\_ ft. to \_\_\_\_\_ \_\_\_\_\_ ft. in ☐ Casing ☐ Open Hole ☐ AnnulusSet \_\_\_\_\_ \_\_\_\_\_ sacks cmt from \_\_\_\_\_ \_\_\_\_\_ ft. to \_\_\_\_\_ \_\_\_\_\_ ft. in ☐ Casing ☐ Open Hole ☐ Annulus

Perforate and squeeze at \_\_\_\_\_ 3600 \_\_\_\_\_ ft. with \_\_\_\_\_ 100 \_\_\_\_\_ sacks Leave at least 100 ft. in casing

Perforate and squeeze at \_\_\_\_\_ 1850 \_\_\_\_\_ ft. with \_\_\_\_\_ 100 \_\_\_\_\_ sacks Leave at least 100 ft. in casing

Perforate and squeeze at \_\_\_\_\_ 359 \_\_\_\_\_ ft. with \_\_\_\_\_ 75 \_\_\_\_\_ sacks Leave at least 100 ft. in casing

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

Set \_\_\_\_\_ 2 \_\_\_\_\_ sacks at surface

Cut four feet below ground level, weld on plate

Set \_\_\_\_\_ sacks in rat hole \_\_\_\_\_ Set \_\_\_\_\_ sacks in mouse hole \_\_\_\_\_ Dry-Hole Marker: ☒ Yes ☐ No

## Additional Plugging Information for Subsequent Report Only

Casing Recovered: \_\_\_\_\_

\_\_\_\_\_ ft. of \_\_\_\_\_ in 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: Greg Davis

Email: Greg.J.Davis@Williams.com

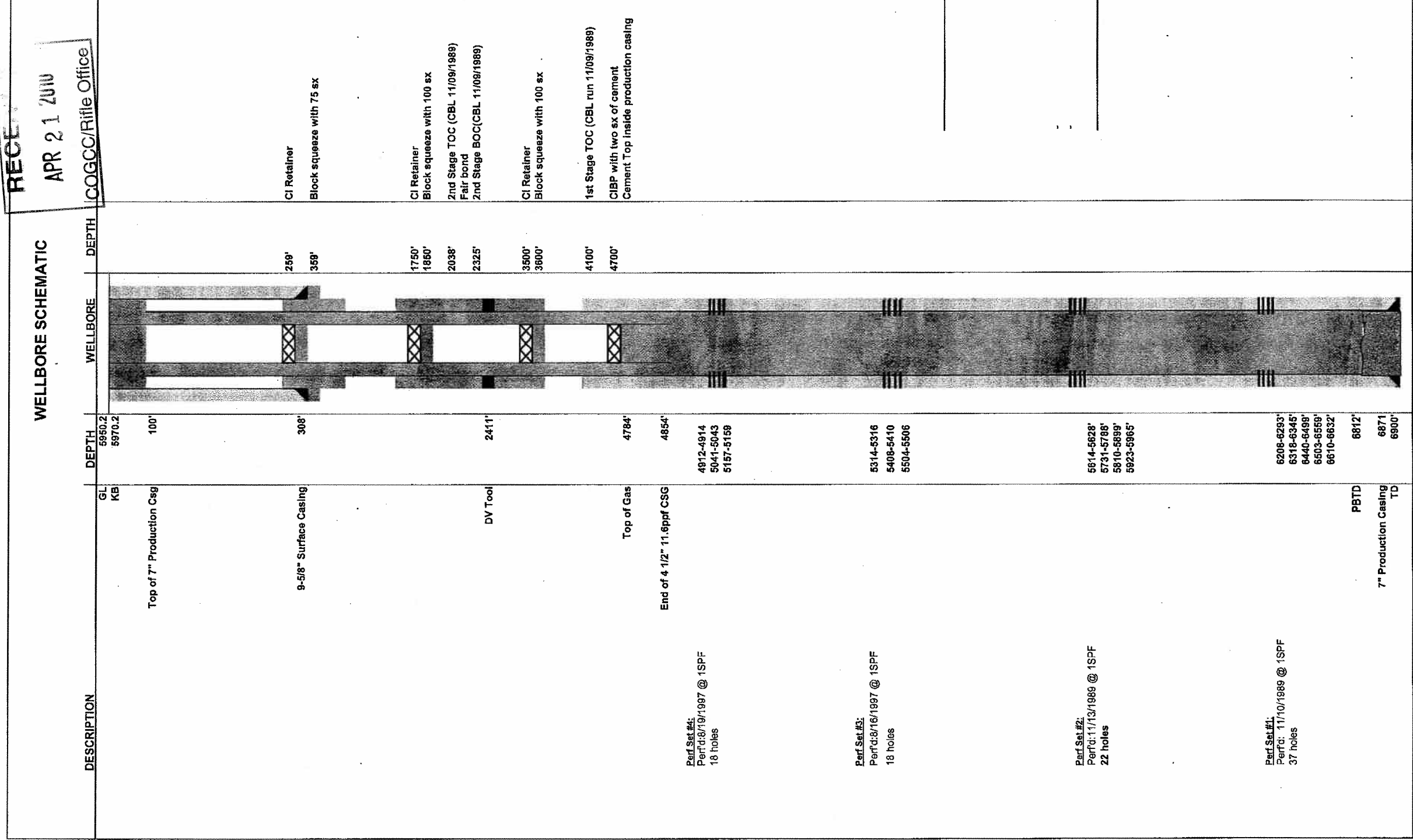
Signed: Greg Davis

Title: \_\_\_\_\_

Supervisor Permits

Date: 4/21/10OGCC Approved: [Signature]Title: EIT IIDate: 4/23/2010

CONDITIONS OF APPROVAL, IF ANY:



APR 21

WELLBORE SCHEMATIC

COGCC/Rifle Office

