

FORM
6Rev
12/05

State of Colorado Oil and Gas Conservation Commission

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



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Replug By Other Operator

Document Number:

401615650

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.

OGCC Operator Number: 10633

Contact Name: Toby Sachen

Name of Operator: CRESTONE PEAK RESOURCES OPERATING LLC

Phone: (720) 410-8536

Address: 1801 CALIFORNIA STREET #2500

Fax:

City: DENVER State: CO Zip: 80202

Email: toby.sachen.contractor@crestonepr.com

For "Intent" 24 hour notice required,

Name: Gomez, Jason

Tel: (970) 573-1277

COGCC contact:

Email: jason.gomez@state.co.us

API Number 05-123-15194-00

Well Name: KUGEL W

Well Number: 4-8

Location: QtrQtr: SENE Section: 4 Township: 2N Range: 66W Meridian: 6

County: WELD

Federal, Indian or State Lease Number:

Field Name: WATTENBERG

Field Number: 90750

☒ Notice of Intent to Abandon☐ Subsequent Report of Abandonment

Only Complete the Following Background Information for Intent to Abandon

Latitude: 40.168447

Longitude: -104.775450

GPS Data:

Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

Reason for Abandonment: ☐ Dry ☐ Production Sub-economic ☐ Mechanical Problems☒ Other Reenter to replug. Inadequate aquifer and formation coverage. COACasing 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:

Current and Previously Abandoned Zones

Formation	Perf. Top	Perf. Btm	Abandoned Date	Method of Isolation	Plug Depth

Total: 0 zone(s)

Casing History

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bot	Cement Top	Status
SURF	12+1/4	8+5/8	24	629	300	629	0	CALC
1ST	7+7/8	2+7/8	6.5	7,575	475	7,575	6,594	CBL

Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 519 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>40</u> sks cmt from <u>3770</u> ft. to <u>3750</u> ft.	Plug Type: <u>OPEN HOLE</u>	Plug Tagged: <input type="checkbox"/>
Set <u>85</u> sks cmt from <u>3750</u> ft. to <u>3650</u> ft.	Plug Type: <u>OPEN HOLE</u>	Plug Tagged: <input type="checkbox"/>
Set <u>170</u> sks cmt from <u>1850</u> ft. to <u>1650</u> ft.	Plug Type: <u>OPEN HOLE</u>	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 85 sacks half in. half out surface casing from 679 ft. to 529 ft. Plug Tagged: ☐

Set 20 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. _____ inch casing Plugging Date: _____
of _____

*Wireline Contractor: _____ *Cementing Contractor: _____

Type of Cement and Additives Used: _____

Flowline/Pipeline has been abandoned per Rule 1103 ☐ Yes ☐ No *ATTACH JOB SUMMARY

Technical Detail/Comments:

2 7/8 casing was cut at 3770' in 1991.
40 sx cement set from 3770-3750 set in 1991.

Prep Well and Location

1. Contractor to obtain Line locates for ground disturbance. Locate well or casing stump. Have surveyor gather an as built survey of well location for records.
2. Submit Form 6 for approval of re-plug prior to hydraulic stimulation of proposed horizontal well; include proof of surface owner consent and 4 site photos in all cardinal directions; each photograph shall be identified by: date taken, well name, and direction of view. Refer to all COA's from approval from the COGCC.
3. Construct approved location and temporary access for the site after approvals have been made.
4. Submit Form 42 electronically to COGCC 48 hours prior to MIRU. Notify COGCC Inspector 24 hours prior to MIRU.
5. Dig up stump of original surface casing. Create bell hole to provide safe working area for welder. Cut off marker and prep for a slip-on collar with pup joint to get surface flange to ground level. Install 8-5/8", 3K, flange with adapter spool to go to 11" BOP, 3K Flange on top.
6. Back fill area and prep for service rig.

Drill Out to Stub Plug

7. MIRU service rig and auxiliary equipment and 2-3/8 PH6 work string.
8. Install 11", 3K BOP, including pipe rams for work string, blind rams, annular, circulating head, mud cross with 3" line to choke manifold and 3" flow line to fluid system. Rig up a 2" kill line on bottom spool below Blind Rams. Test all equipment with a function test and a pressure test against test plug. Test surface casing patch to 1000 psi.
9. RU Power swivel. Pick up 7-7/8" PDC bit, bit sub, and drill collars. Gather measurements for all BHA components before they are picked up.
10. Drill out surface plug to ~32'.
11. TIH to the next plug, expected top of 579'. Report the actual tag depth. Circulate hole clean.
12. Drill out next plug from 579' to 679'.
13. TIH to the next plug, expected top of 3750'. Report the actual tag depth. Circulate hole clean.
14. TOH. LD bit and collars.

Set New Plugs

15. PU notched collar. TIH to 3750' (or top of plug as found).
16. Pump SAPP sweep and spot 85 sks class G plug fr/ 3,750' to 3,650'. PU and reverse circulate tbq clean.
17. Spot 170 sks class G balance plug fr/ 1,850' to 1,650'.
18. Spot 85 sks class G plug fr/ 679' to 529'.
19. WOC 3hrs and tag TOC. Verify TOC' is at least 100' inside 8-5/8" casing shoe. TOH.
20. PU 8-5/8" CIBP. TIH and set above top of cement. Pump 1-2 bbl cement on top of CIBP. Pressure test plug to 250 psi for 15mins.
21. TOH to spot balanced Type III cement plug from 60' to surface. TOH laying down all tubing. Top off as necessary.
22. ND BOP, RDMO pulling unit.

Abandon Surface and Paperwork

23. Per ground disturbance procedure/policy, excavate around wellhead. Notify Environmental Department for surface review and inspection while digging.
24. Cut off casing 4 ft below ground level.
25. Weld on metal plate and dry hole marker.
26. Restore surface location.
27. Ensure all pressure charts, CBLs, cement and wireline tickets are emailed to the office for subsequent reporting. Emails shall be sent to Production Engineer, Workover Coordinator, and Production Technician.
28. Submit Form 6 Subsequent Report of Abandonment documenting the P&A to COGCC.

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

Signed: _____ Print Name: Toby Sachen
Title: Contractor Date: _____ Email: toby.sachen.contractor@crestonepr.com

Based on the information provided herein, this Well Abandonment Report (Form 6) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Date: _____

CONDITIONS OF APPROVAL, IF ANY: _____ Expiration Date: _____

COA Type

Description

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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401615697	PROPOSED PLUGGING PROCEDURE
401615699	WELLBORE DIAGRAM
401615701	SURFACE OWNER CONSENT
401615705	LOCATION PHOTO

Total Attach: 4 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)