

State of Colorado
Oil and Gas Conservation Commission

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



FOR OGCC USE ONLY

RECEIVED

OCT-3 03

COGCC



01158592

24 hour notice required,
contact:

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: 8960

Name of Operator: Bonanza Creek Co Gilbert Stewart Co

Address: 1801 Broadway #450

City: Denver

State: CO

Zip: 80202

Contact Name and Telephone

Dave Rebal

No: 970-867-9007

Fax: 970-867-8374

Tel:

API Number: 05-123-11849

OGCC Lease No.: 58308

Other wells this lease? ☐ Y ☐ N

Well Name: Kadlub/Miller

Well Number: 2

Location (Qtr, Sec, Twp, Rng, Meridian): SE NW 13-6N-67W

County: Weld

Federal, Indian or State Lease Number:

Field Name:

Field Number:

Complete the
Attachment Checklist

	Oper	OGCC
Wellbore Diagram		
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

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

Casing History

Casing String	Casing Size	Casing Depth	Cement Top	Stage Cement Top

Plugging Procedure for Intent and Subsequent Report

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

Set 100	sks cmt from 2955	ft. to 2845	ft. in <input type="checkbox"/> Casing	<input checked="" type="checkbox"/> Open Hole	<input type="checkbox"/> Annulus
Set _____	sks cmt from _____	ft. to _____	ft. in <input type="checkbox"/> Casing	<input type="checkbox"/> Open Hole	<input type="checkbox"/> Annulus
Set _____	sks cmt from _____	ft. to _____	ft. in <input type="checkbox"/> Casing	<input type="checkbox"/> Open Hole	<input type="checkbox"/> Annulus
Set _____	sks cmt from _____	ft. to _____	ft. in <input type="checkbox"/> Casing	<input type="checkbox"/> Open Hole	<input type="checkbox"/> Annulus
Set _____	sks cmt from _____	ft. to _____	ft. in <input type="checkbox"/> Casing	<input type="checkbox"/> Open Hole	<input type="checkbox"/> Annulus

Perforate and squeeze at 6018 ft. with 50 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 80 sacks half in, half out surface casing from 380 ft. to 250 ft.
Set 10 sacks at surface 300
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: 2960 ft. of 4-1/2 inch casing.

Plugging Date: 9-20-03

Wireline Contractor: ADI Wireline

Cementing Contractor: Western Wellbore

Type of Cement and Additives Used: Class G

*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: DAVE REBAL

Signed: Dave Rebal

Title: Contractor

Date: 10-1-03

OGCC Approved:

Title: PE

Date: 12/10/03

CONDITIONS OF APPROVAL, IF ANY:

ORIGINAL

RECEIVED

OCT-3-03

JOB LOG

COGCC

WESTERN WELLSITE SERVICES LLC
17509 ROAD 14
FORT MORGAN, COLORADO 80701

OPERATOR	BANANZA Creek
WELL	Kadlub Miller #2
LOCATION	SENW 13-6N-67W
DATE	9-20-03

(S)

OK [Signature]

Blow Well down = Killed well wt 80 BBLs
tbg stuck High
RIU ADI Run wt Collar Locator
PKR 3240 S.N 7232 Bottom 7250
RIU ADI
Pumped on tbg 800-900# SI 250#
RIU ADI - Pent holes 6018 Pumped 50 SKS
Cut tbg 3208 Lld tbg 99' in 1 3/8
Cut CSG 2960 Lld CSG 25' in 4 1/2
TIH wt tbg 2955 - Pump 100 SKS shutdown
Tagged Plug 2845
TOH wt tbg to 380' pump 60 SKS - SI - 4 hrs
Tag Plug 365' pump 20 more SKS
Lld tbg
Dug out - cut off - Pumped 10 SKS in Top
Welded on Plate -
Moved off

Total 240 SKS

Extra Rig time? - 8 hr

WIRELINE CONTRACTOR

ADI

CEMENT CONTRACTOR

Western Wellsite Services of Ft. Morgan, Co.

DIRTWORK CONTRACTOR

NA

RESEEDING CONTRACTOR

NA

SIGNED:

[Signature]

Field Supervisor

DATE: 9-25-03

UNIT NUMBER		UNIT NUMBER	
CREW NAMES	EMPLOYEE NO.	CREW NAMES	EMPLOYEE NO.
ENGR. <i>J</i>		ENGR.	
OPER. <i>W & M</i>		OPER.	
OPER.		OPER.	

Office (970) 867-2730
Fax (970) 867-8374

CHARGE TO WWS			
INVOICE ADDRESS			
CITY	STATE	ZIP	DATE 22 SEPT
WELL NAME/No. KADlub/miller			
COUNTY weld			STATE CO

Swipw

LEGAL DESCRIPTION	FIELD
136N 67W	WATTENBERG

FRANKS

690347-C

SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE _____ DATE _____ TIME _____

SERVICE	QUANTITY	UNIT PRICE	AMOUNT	PERFORATION RECORD	
				DEPTH	NO. OF SHOTS
Shoot SQUEEZE holes IN 2 3/8 tubing @ 6018			-		
Cut 2 3/8 tubing @ 3208			-		
I certify that the above ordered services, equipment, materials and products have been received.	SUBTOTAL				
	TAX				
SIGNATURE OF CUSTOMER DATE	ESTIMATED TOTAL \$			PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT	

UNIT NUMBER 201		UNIT NUMBER	
CREW NAMES	EMPLOYEE NO.	CREW NAMES	EMPLOYEE NO.
ENGR. S		ENGR.	
OPER. M & M		OPER.	
OPER. 1		OPER.	

Office (970) 867-2730
Fax (970) 867-8374

CHARGE TO WWS			
INVOICE ADDRESS			
CITY	STATE	ZIP	DATE 24 SEPT
WELL NAME/NO. KALAB MILLER			
COUNTY WELD			STATE CO

LEGAL DESCRIPTION	FIELD	COUNTY	STATE
	WATTENBERG	WELD	CO

090354-C

SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE _____ DATE _____ TIME _____ A.M. P.M.

[illegible]

UNIT NUMBER 201		UNIT NUMBER	
CREW NAMES	EMPLOYEE NO.	CREW NAMES	EMPLOYEE NO.
ENGR. S		ENGR.	
OPER. W f W		OPER.	
OPER.		OPER.	