| FORM 6 Rev 05/18 | State of Colorado Oil and Gas Conservation Commission | DE | ET | OE | ES |

<table>
<tr><td>FORM
6
Rev
05/18</td><td colspan="2">State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109
WELL ABANDONMENT REPORT</td><td>DE | ET | OE | ES
Document Number:
401950804
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State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109
WELL ABANDONMENT REPORT

DE	ET	OE	ES

Document Number:

401950804

Date Received:

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: 69175   Contact Name: Valerie Danson

Name of Operator: PDC ENERGY INC   Phone: (970) 506-9272

Address: 1775 SHERMAN STREET - STE 3000   Fax:

City: DENVER   State: CO   Zip: 80203   Email: valerie.danson@pdce.com

For "Intent" 24 hour notice required, Name: Evins, Bret   Tel: (970) 420-6699

COGCC contact: Email: bret.evins@state.co.us

API Number: 05-123-26852-00

Well Name: WELLS RANCH   Well Number: 21-36

Location: QtrQtr: NENW   Section: 36   Township: 6N   Range: 63W   Meridian: 6

County: WELD   Federal, Indian or State Lease Number: 9518.8

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: 40.448420   Longitude: -104.387000

GPS Data:

Date of Measurement: 07/28/2008   PDOP Reading: 1.5   GPS Instrument Operator's Name: HOLLY L. TRACY

Reason for Abandonment: ☐ Dry   ☒ Production Sub-economic   ☐ Mechanical Problems

☐ Other _____

Casing to be pulled: ☐ Yes   ☒ No   Estimated Depth: _____

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	Perf. Top	Perf. Btm	Abandoned Date	Method of Isolation	Plug Depth
NIOBRARA-CODELL	6510	6681			

Total: 1 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	542	420	542	0	VISU
1ST	7+7/8	4+1/2	11.6	6,869	700	6,869	556	CBL

Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 6460 with 2 sacks cmt on top. CIPB #2: Depth _____ with _____ sacks cmt on top.

CIBP #3: Depth _____ with _____ sacks cmt on top. CIPB #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:
40	1900	1400		CASING	☐
60	742	0		CASING	☐
					☐
					☐
					☐

Perforate and squeeze at 540 ft. with 160 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 _____ sacks half in. half out surface casing from _____ ft. to _____ 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. _____ inch casing   Plugging Date: _____
of

*Wireline Contractor: _____   *Cementing Contractor: _____

Type of Cement and Additives Used: _____

Flowline/Pipeline has been abandoned per Rule 1105   ☐ Yes   ☐ No   *ATTACH JOB SUMMARY

Technical Detail/Comments:

Wells Ranch 21-36 (05-123-26852)/Plugging Procedure (Intent)
Producing Formation: Niobrara/Codell: 6510'-6681'
Upper Pierre Aquifer: 560'-1625'
TD: 6900' PBTD: 6789'
Surface Casing: 8 5/8" 24# @ 542' w/ 420 sxs
Production Casing: 4 1/2" 11.6# @ 6869.7' w/ 700 sxs cmt (TOC @ 556' - CBL).

Tubing: 2 3/8" tubing set @ 6660' (9/8/2014).
Proposed Procedure:
1. MIRU pulling unit. Pull 2 3/8" tubing.
2. RU wireline company.
3. TIH with CIBP. Set BP at 6460'. Top with 2 sxs 15.8#/gal Cl G cement.
4. TIH with tubing to 1900'. RU cementing company. Mix and pump 40 sxs 15.8#/gal Cl G cement down tubing (Pierre coverage from 1900'-1400'). TOOH with tubing.
5. TIH with perforation gun. Shoot 2 holes for annular squeeze at 540' @ 1 SPF or preferred.
6. TIH with tubing to 742'. RU cementing company. Mix and pump 60 sxs 15.8#/gal Cl G cement down tubing. Cement should circulate to surface. TOOH with tubing.
7. Close off casing returns. Hook up cement line to cement flange and pump 160 sxs 15.8#/gal Cl G cement downhole and squeeze through perforations at 540' into annular space. Cement should circulate to surface.
8. Cut surface casing 6' below ground level and weld on cap.

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

Signed: _____   Print Name: Valerie Danson

Title: Reg Tech   Date: _____   Email: valerie.danson@pdce.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**

Attachment Check List

Att Doc Num	**Name**
401950815	WELLBORE DIAGRAM
401950816	WELLBORE DIAGRAM
401950817	GYRO SURVEY

Total Attach: 3 Files

General Comments

User Group	**Comment**	**Comment Date**
		Stamp Upon Approval

Total: 0 comment(s)