

FORM
6Rev
05/18State 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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Document Number:

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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: 10380

Contact Name: Mike Hickey

Name of Operator: BENCHMARK ENERGY LLC

Phone: (303) 894-2100

Address: PO BOX 8747

Fax:

City: PRATT

State: KS

Zip: 67124

Email: michael.hickey@state.co.us

For "Intent" 24 hour notice required,

Name: Schure, Kym

Tel: (970) 520-3832

COGCC contact:

Email: kym.schure@state.co.us

API Number 05-075-06445-00

Well Name: MOUNT HOPE

Well Number: 9

Location: QtrQtr: NESW

Section: 19

Township: 9N

Range: 53W

Meridian: 6

County: LOGAN

Federal, Indian or State Lease Number:

Field Name: MOUNT HOPE

Field Number: 56150

☒ Notice of Intent to Abandon☐ Subsequent Report of Abandonment

Only Complete the Following Background Information for Intent to Abandon

Latitude: 40.736185

Longitude: -103.334972

GPS Data:

Date of Measurement: 06/30/2016

PDOP Reading: 1.6

GPS Instrument Operator's Name: Q Quint

Reason for Abandonment: ☐ Dry☐ Production Sub-economic☐ Mechanical Problems☒ Other OrphanCasing to be pulled: ☒ Yes☐ No

Estimated Depth: 1000

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
MUDDY	4870	4886			

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	202	110	202	0	VISU
1ST	7+7/8	4+1/2	9.5 & 15	5,020	100	5,020	3,810	CALC

Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 4800 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 60 sks cmt from 1050 ft. to 950 ft. Plug Type: STUB PLUG Plug Tagged: ☒

Set _____ sks cmt from _____ ft. to _____ ft. Plug Type: _____ Plug Tagged: ☐

Set _____ sks cmt from _____ ft. to _____ ft. Plug Type: _____ Plug Tagged: ☐

Set _____ sks cmt from _____ ft. to _____ ft. Plug Type: _____ Plug Tagged: ☐

Set _____ sks cmt from _____ ft. to _____ ft. Plug Type: _____ Plug Tagged: ☐

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 130 sacks half in. half out surface casing from 252 ft. to 0 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 Cut and Cap 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:

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

Signed: _____ Print Name: Mike Hickey

Title: OWP Date: _____ Email: michael.hickey@state.co.us

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
	<p>Prior to starting plugging operations a bradenhead test shall be performed.</p> <p>1)If, before opening the bradenhead valve, the beginning pressure is greater than 25 psi, sampling is required.</p> <p>2)If pressure remains at the conclusion of the test, or if any liquids were present during the test, sampling is required.</p> <p>3)If sampling is required contact COGCC engineering for a confirmation of plugging requirements prior to placing any plugs.</p> <p>4)Sampling shall comply with Operator Guidance - Bradenhead Testing and Reporting Instructions. The Form 17 shall be submitted within 10 days of the test.</p> <p>5)Submit Form 42 electronically to COGCC 48 hours prior to MIRU</p> <p>6)Prior to placing the 1000' plug: Pressure test casing to 300 psi, and verify that all fluid migration (liquid or gas) has been eliminated. If evidence of fluid migration or pressure remains, contact Mike Hickey COGCC Orphan Well Program Engineer for updated plugging requirements.</p> <p>7)Properly abandon flowlines per Rule 1105. File electronic Form 42 once abandonment complete. Within 30 days of an operator completing abandonment requirements for an offlocation flowline or crude oil transfer line the operator must submit a Flowline Report, Form 44.</p> <p>8) Operator shall implement measures to control venting, to protect health and safety, and to ensure that vapors and odors from well plugging operations do not constitute a nuisance or hazard to public welfare.</p>

Attachment Check List

Att Doc Num	Name
402200523	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Engineer	CIBP #2 as shown on this form is actually a CICR.	08/05/2019
Permit	<ul style="list-style-type: none"> •Verified SHL lat./long •Verified MDDY perfed interval via Doc. 270057 •Set 'Fish in Hole' & 'Uncemented Casing Leaks' status to NO on Well Info tab (were blank) •Notified COGCC Production team of missing production date from 01/2015-present, 10/2014 status 	07/31/2019
Well File Verification	Pass	07/17/2019
Permit	<ul style="list-style-type: none"> -Confirmed as-drill well location. -No other forms in process. -Production reporting delinquent. Contacted production department. -Confirmed productive interval, docnum: 270055. -Reviewed WBD. -Pass 	07/17/2019

Total: 4 comment(s)