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**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 Number: 9  
 Well Name: MOUNT HOPE  
 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 Orphan  
 Casing 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"> <li>•Verified SHL lat./long</li> <li>•Verified MDDY perfed interval via Doc. 270057</li> <li>•Set 'Fish in Hole' &amp; 'Uncemented Casing Leaks' status to NO on Well Info tab (were blank)</li> <li>•Notified COGCC Production team of missing production date from 01/2015-present, 10/2014 status</li> </ul>	07/31/2019
Well File Verification	Pass	07/17/2019
Permit	<ul style="list-style-type: none"> <li>-Confirmed as-drill well location.</li> <li>-No other forms in process.</li> <li>-Production reporting delinquent. Contacted production department.</li> <li>-Confirmed productive interval, docnum: 270055.</li> <li>-Reviewed WBD.</li> <li>-Pass</li> </ul>	07/17/2019

Total: 4 comment(s)