

FORM
6Rev
05/18

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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Document Number:

402227834

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: 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 05-123-21186-00

Well Name: KERBS

Well Number: 14-15

Location: QtrQtr: SWSW Section: 15 Township: 6N Range: 64W 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: 40.480190

Longitude: -104.544030

GPS Data:

Date of Measurement: 06/27/2010

PDOP Reading: 1.5

GPS Instrument Operator's Name: Holly L. Tracy

Reason for Abandonment:

☐ Dry☒ Production Sub-economic☐ Mechanical Problems☐ OtherCasing to be pulled: ☒ Yes☐ No

Estimated Depth: 2500

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
CODELL	6943	6951	01/12/2017	B PLUG CEMENT TOP	6890

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	819	580	819	0	VISU
1ST	7+7/8	4+1/2	10.5	7,135	350	7,135	3,050	CALC

Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 6600 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>100</u> sks cmt from <u>2550</u> ft. to <u>2300</u> ft.	Plug Type: <u>STUB PLUG</u>	Plug Tagged: <input type="checkbox"/>
Set <u>100</u> sks cmt from <u>1610</u> ft. to <u>1410</u> ft.	Plug Type: <u>OPEN HOLE</u>	Plug Tagged: <input type="checkbox"/>
Set <u>310</u> sks cmt from <u>1000</u> ft. to <u>0</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 _____ 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 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:

Kerbs 14-15 (05-123-21186)/Plugging Procedure (Intent)

Producing Formation: Codell: 6943'-6951'

Upper Pierre Aquifer: 380'-1510'

TD: 7151' PBTD: 7053' (1/12/2017)

Surface Casing: 8 5/8" 24# @ 819' w/ 580 sxs

Production Casing: 4 1/2" 10.5# @ 7135' w/ 350 sxs cmt (TOC @ 3050' – Well History)

Existing CIBP @ 6890' w/ 2 sxs cmt (1/12/2017)

Tubing: 2 3/8" tubing set @ 6747' (1/11/2017)

Proposed Procedure:

1. MIRU.
2. TIH with tubing and tag CIBP @ 6865'.
3. Condition wellbore for log run. Pull 2 3/8" tubing.
4. RU wireline company.
5. Run CBL from 6500' to surface and confirm adequate Niobrara coverage and cement top.
6. TIH with CIBP. Set BP at 6600'. Top with 2 sxs 15.8#/gal CI G cement. (Top of Niobrara @ 6650')
7. TIH with casing cutter. Cut 4 1/2" casing at 2500'. Pull cut casing.
8. TIH with tubing to 2550'. RU cementing company. Mix and pump 100 sxs 15.8#/gal CI G cement down tubing.
9. Pick up tubing to 1610'. Mix and pump 100 sxs 15.8#/gal CI G cement down tubing (Pierre coverage from 1610'-1410').
10. Pick up tubing to 1000'. Mix and pump 310 sxs 15.8#/gal CI G cement down tubing (Pierre coverage from 1000'-surface). Cement should circulate to surface.
11. 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
402228144	WELLBORE DIAGRAM
402228147	WELLBORE DIAGRAM
402228148	GYRO SURVEY

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)