

FORM

6

Rev
02/20

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:

402325199

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

Type of Well Abandonment Report: ☒ Notice of Intent to Abandon ☐ Subsequent Report of Abandonment

API Number 05-123-20748-00

Well Name: J&L FARMS

Well Number: 22-29

Location: QtrQtr: SENW Section: 29 Township: 6N Range: 63W Meridian: 6

County: WELD

Federal, Indian or State Lease Number:

Field Name: WATTENBERG

Field Number: 90750

Only Complete the Following Background Information for Intent to Abandon

Latitude: 40.459030 Longitude: -104.462690

GPS Data: GPS Quality Value: 1.3 Type of GPS Quality Value: Date of Measurement: 09/29/2008

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: 2400Fish in Hole: ☐ Yes ☒ No If yes, explain details belowWellbore 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	6732	6740			

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	650	465	650	0	VISU
1ST	7+7/8	4+1/2	10.5	6,991	380	6,991	2,532	CBL

Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 6682 with 2 sacks cmt on top. CIBP #2: Depth 6436 with 2 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>40</u> sks cmt from <u>2450</u> ft. to <u>2300</u> ft.	Plug Type: <u>STUB PLUG</u>	Plug Tagged: <input type="checkbox"/>
Set <u>80</u> sks cmt from <u>1590</u> ft. to <u>1390</u> ft.	Plug Type: <u>OPEN HOLE</u>	Plug Tagged: <input type="checkbox"/>
Set <u>275</u> sks cmt from <u>850</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

Technical Detail/Comments:

J&L Farms 22-29 (05-123-20748)/Plugging Procedure (Intent)

Producing Formation: Codell: 6732'-6740'

Upper Pierre Aquifer: 400'-1490'

TD: 7002' PBTD: 6960' (2/22/2003)

Surface Casing: 8 5/8" 24# @ 650' w/ 465 sxs

Production Casing: 4 1/2" 10.5# @ 6991' w/ 380 sx cmt (TOC @ 2532' - CBL)

Tubing: 2 3/8" tubing set @ 6717' (2/22/2003)

Proposed Procedure:

1. MIRU pulling unit. Pull 2 3/8" tubing.

2. RU wireline company.

3. TIH with CIBP. Set BP at 6682'. Top with 2 sxs 15.8#/gal CI G cement. (Top of Codell perms @ 6732')

4. TIH with CIBP. Set BP at 6436'. Top with 2 sxs 15.8#/gal CI G cement. (Top of Niobrara @ 6485')

5. TIH with casing cutter. Cut 4 1/2" casing @ 2400'. Pull cut casing.

6. TIH with tubing to 2450'. RU cementing company. Mix and pump 40 sxs 15.8#/gal CI G cement down tubing. (Stub plug from 2400'-2300')

7. TIH with tubing to 1590'. Mix and pump 80 sxs 15.8#/gal CI G cement down tubing. (Pierre coverage from 1590'-1390')

8. Pick up tubing to 850'. Mix and pump 275 sxs 15.8#/gal CI G cement down tubing. (Pierre coverage from 850'-surface) Cement should circulate to surface.

9. 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

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Attachment Check List

Att Doc Num

Name

402325205	WELLBORE DIAGRAM
402325207	WELLBORE DIAGRAM
402325208	GYRO SURVEY

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)