

FORM  
6Rev  
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



DE ET OE ES

Document Number:

402382663

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: 10110

Contact Name: Kapri McMillan

Name of Operator: GREAT WESTERN OPERATING COMPANY LLC

Phone: (970) 364-2826

Address: 1001 17TH STREET #2000

Fax:

City: DENVER

State: CO

Zip: 80202

Email: kmcmillan@gwp.com

**For "Intent" 24 hour notice required,**

Name: Santistevan, Brittani

Tel: (720) 471-1110

**COGCC contact:**

Email: brittani.santistevan@state.co.us

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

API Number 05-123-26173-00

Well Name: WINDSOR

Well Number: 35-2

Location: QtrQtr: NWSW

Section: 35

Township: 6N

Range: 67W

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: 40.442660

Longitude: -104.867590

GPS Data: GPS Quality Value: 2.2 Type of GPS Quality Value: Date of Measurement: 01/03/2014

GPS Instrument Operator's Name: C. VANMATRE

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	7064	7084			

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	503	350	503	0	CALC
1ST	7+7/8	4+1/2	11.6	7,197	542	7,197	3,466	CBL

## Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 7000 with 25 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>25</u>	sks cmt from <u>4200</u>	ft. to <u>3870</u>	ft.	Plug Type: <u>CASING</u>	Plug Tagged: <input type="checkbox"/>
Set <u>100</u>	sks cmt from <u>2550</u>	ft. to <u>2192</u>	ft.	Plug Type: <u>STUB PLUG</u>	Plug Tagged: <input type="checkbox"/>
Set <u>125</u>	sks cmt from <u>1500</u>	ft. to <u>1050</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 320 sacks half in. half out surface casing from 1050 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

Technical Detail/Comments:

#### Procedure:

- 1 Contact COGCC
- 2 MIRU
- 3 Blow down and kill well
- 4 NDWH/NUBOP
- 5 TOO H w/ tubing, stand back
- 6 RIH & set CIBP @ 7000'
- 7 Roll hole clean & pressure test to 1000 psi
- 8 Pump 25 sx Thermal 35 on top of plug @ 7000'
- 9 PU to 4200'
- 10 Pump 25 sx Class G balanced plug @ 4200' (calc TOC 3870')
- 11 Verify all fluid migration has been stopped
- 12 Release flowback separator and flare stack if no longer needed
- 13 Cut & pull casing @ 2500'
- 14 Pump stub plug from 2550' w/ 100 sx AGM 4,2 (est TOC @ 2192')
- 15 WOC 4 hours, tag plug, check for migration
- 16 PU to 1500' and pump 125 sx AGM to est TOC @ 1050'
- 17 WOC 8 hours, monitor and record bradenhead pressure in OpenWells
- 18 RIH tag plug, if flow has ceased, continue with operations
- 19 If flow is present, call engineer to discuss next steps.
- 20 Pump 375 sx Class G from 1050' to surface
- 21 RIH tag, top off w/ cement as needed
- 22 RDMO
- 23 Cut & cap casing 4' - 6' below GL w/ plate (Well Name, API, Legal Location)

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

Signed: \_\_\_\_\_

Print Name: Renee Kendrick

Title: SR Regulatory Analyst

Date: \_\_\_\_\_

Email: rkendrick@gwp.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**

402382676	WELLBORE DIAGRAM
402382678	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)