

FORM

6

Rev
11/20

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
----	----	----	----

Replug By Other Operator

Document Number:

402637683

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: Silver, Randy

Tel: (720) 827-6688

COGCC contact:

Email: randy.silver@state.co.us

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

API Number 05-001-06964-00

Well Name: FREEMAN D

Well Number: 1

Location: QtrQtr: NESE

Section: 31

Township: 1S

Range: 66W

Meridian: 6

County: ADAMS

Federal, Indian or State Lease Number:

Field Name: BUGLE

Field Number: 7800

Only Complete the Following Background Information for Intent to Abandon

Latitude: 39.919854

Longitude: -104.811048

GPS Data: GPS Quality Value: 5.1 Type of GPS Quality Value: PDOP Date of Measurement: 02/05/2021

Reason for Abandonment: ☐ Dry ☐ Production Sub-economic ☐ Mechanical Problems☒ Other Off-set mitigation for the Edmundson and Prairie PadsCasing to be pulled: ☐ Yes ☒ No Estimated Depth:Fish 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
D SAND	8174	8182	10/04/2000	B PLUG CEMENT TOP	8125

Total: 1 zone(s)

Casing History

Casing Type	Size of Hole	Size of Casing	Grade	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top	Status
SURF	12+1/4	8+5/8	NA	24	0	271	300	271	0	VISU
1ST	7+7/8	4+1/2	NA	11.6	0	8369	300	8369	6711	CALC
				Stage Tool		1357	250	1357	835	CBL

Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth _____ with _____ 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	25	sks cmt from	8125	ft. to	7693	ft.	Plug Type:	CASING	Plug Tagged:	<input type="checkbox"/>
Set	25	sks cmt from	7500	ft. to	7068	ft.	Plug Type:	CASING	Plug Tagged:	<input type="checkbox"/>
Set	5	sks cmt from	4800	ft. to	4693	ft.	Plug Type:	CASING	Plug Tagged:	<input type="checkbox"/>
Set	5	sks cmt from	2300	ft. to	2193	ft.	Plug Type:	CASING	Plug Tagged:	<input type="checkbox"/>
Set	106	sks cmt from	1400	ft. to	0	ft.	Plug Type:	CASING	Plug Tagged:	<input type="checkbox"/>

Perforate and squeeze at _____ 4900 ft. with _____ 30 sacks. Leave at least 100 ft. in casing _____ 4800 CICR Depth

Perforate and squeeze at _____ 2400 ft. with _____ 30 sacks. Leave at least 100 ft. in casing _____ 2300 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. of _____ inch casing

Surface Plug Setting Date: _____ Cut and Cap Date: _____ Number of Days from Setting Surface Plug to Capping or Sealing the Well: _____

*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 Locate & attach wellhead
3 MIRU
4 NUBOP
5 PU RIH w/ bladed junk mill and workstring
6 Mill out cement from surface to ~13' and drill out CIBP at 1403'
7 RIH and tag CIBP at 8125'
8 Roll hole clean
9 Run CBL, send results to engineer
10 Pump 25 sx Thermal 35 on CIBP, ETOC @ 7693'
11 PU to 7500', pump 25 sx Thermal 35, ETOC @ 7068'
12 TOOH, LD to ~4800', stand back remaining
13 RIH w/ WL and shoot holes at 4700' & 4900'
14 RIH and set CICR @ 4800'
15 Squeeze 30 sx thru CICR, leave additional 5 sx on top AGM 1.86 (ETOC @ 4693')
16 Roll hole clean
17 RIH w/ WL and shoot holes at 2200' & 2400'
18 RIH and set CICR @ 2300'
19 Squeeze 30 sx thru CICR, leave additional 5 sx on top AGM 1.86 (ETOC @ 2193')
20 Roll hole clean
21 Verify no migration (if migration, call engineer)
22 PU to 1400'
23 Pump 106 sx Class G + 2%CC from 1400' to surface
24 WOC 4 hours, top off as needed
25 RDMO
26 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

--	--

Attachment List

Att Doc Num	Name
402637712	WELLBORE DIAGRAM
402637713	WELLBORE DIAGRAM
402637714	LOCATION PHOTO
402637716	SURFACE OWNER CONSENT

Total Attach: 4 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)