

FORM
6Rev
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



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Document Number:

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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: 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 05-123-25858-00

Well Name: LEFFLER

Well Number: 44-2

Location: QtrQtr: SESE Section: 2 Township: 6N Range: 66W Meridian: 6

County: WELD

Federal, Indian or State Lease Number:

Field Name: EATON

Field Number: 19350

Only Complete the Following Background Information for Intent to Abandon

Latitude: 40.512420

Longitude: -104.738110

GPS Data: GPS Quality Value: 1.7 Type of GPS Quality Value: Date of Measurement: 01/16/2009

Reason for Abandonment: ☐ Dry ☒ Production Sub-economic ☐ Mechanical Problems☐ OtherCasing to be pulled: ☒ Yes ☐ No Estimated Depth: 682Fish 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
NIOBRARA-CODELL	6965	7282			

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	J55	24	0	482	400	482	0	VISU
1ST	7+7/8	4+1/2	J55	11.6	0	7436	1095	7436	800	CBL

Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 6915 with 2 sacks cmt on top. CIBP #2: Depth 2500 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 16 sks cmt from 1630 ft. to 1430 ft. Plug Type: CASING 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 249 sacks half in. half out surface casing from 732 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. 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:

Leffler 44-2 (05-123-25858)/Plugging Procedure (Intent)
Producing Formation: Niobrara/Codell: 6965'-7282'

Upper Pierre Aquifer: 520'-1530'

TD: 7478' PBTD: 7373' (11/24/15)

Surface Casing: 8 5/8" 24# @ 482' w/ 400 sxs cmt

Production Casing: 4 1/2" 11.6# @ 7436' w/ 1095 sxs (TOC @ 800' - CBL)

Tubing: 2 3/8" tubing @ 7263.7' (11/24/15)

Proposed Procedure:

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

1. RU wireline company.

2. TIH with CIBP. Set BP at 6915'. Top with 2 sxs 15.8#/gal CI G cement. (Top of Nio perms @ 6965')

3. TIH with CIBP. Set BP at 2500'. Top with 2 sxs 15.8#/gal CI G cement.

4. TIH with casing cutter. Cut 4 1/2" casing @ 682'. Pull cut casing.

5. Wait a sufficient time to confirm static conditions. If at any time after placing this plug there is evidence of pressure or fluid migration, contact engineering before continuing operations.

6. TIH with tubing to 1630'. RU cementing company. Mix and pump 16 sxs 15.8#/gal CI G cement down tubing. (Pierre Coverage from 1630'-1430')

7. Pick up with tubing to 732'. Mix and pump 249 sxs 15.8#/gal CI G cement down tubing. Cement should circulate to surface.

8. Well casing cut and capped per COGCC guidelines at a depth as not to interfere with soil cultivation.

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 Analyst 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 List

Att Doc Num

Name

402909795	WELLBORE DIAGRAM
402909797	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)