

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



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Replug By Other Operator

Document Number:

403149479

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: 22111

Contact Name: Cal St. John

Name of Operator: D & B VENTURES

Phone: (720) 545-5624

Address:

Fax:

City: DENVER

State: CO

Zip:

Email: cal.stjohn@state.co.us

For "Intent" 24 hour notice required,

Name: Klink, Alex

Tel: (970) 580-4918

COGCC contact:

Email: alex.klink@state.co.us

Type of Well Abandonment Report:

☒ Notice of Intent to Abandon☐ Subsequent Report of Abandonment

API Number 05-067-05236-00

Well Name: FERGUSON (OWP)

Well Number: 1

Location: QtrQtr: SWNW

Section: 34

Township: 33N

Range: 12W

Meridian: N

County: LA PLATA

Federal, Indian or State Lease Number:

Field Name: RED MESA

Field Number: 72890

Only Complete the Following Background Information for Intent to Abandon

Latitude: 37.062728

Longitude: -108.144956

GPS Data: GPS Quality Value: Type of GPS Quality Value: Date of Measurement:

Reason for Abandonment: ☐ Dry☐ Production Sub-economic☐ Mechanical Problems☒ Other Orphaned WellCasing to be pulled: ☐ Yes☒ No

Estimated Depth:

Fish in Hole: ☐ Yes☒ No

If yes, explain details below

Wellbore has Uncemented Casing leaks: ☒ Yes☐ No

If yes, explain details below

Details: Well was reported leaking gas to surface after plugging on 11/10/1962. Wellbore to be re-entered and additional cement plugs placed in wellbore. Well was drilled using cable tools and casing was shot off at 1957' and pulled before plugging according to 11/16/1962 Plugging Record Doc #00677394 and 2/7/1963 Completion Report Doc #0677395.

Current and Previously Abandoned Zones

Formation	Perf. Top	Perf. Btm	Abandoned Date	Method of Isolation	Plug Depth
SANASTEE	2705	2796	11/03/1962	B PLUG CEMENT TOP	2705

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	10+3/4	H-40	32	0	57	25	57	0	VISU
1ST	7	5	J-55	11.5	0	2705	75	2705	2050	CALC

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	100	sks cmt from	1500	ft. to	1400	ft.	Plug Type:	OPEN HOLE	Plug Tagged:	<input checked="" type="checkbox"/>
Set	100	sks cmt from	1246	ft. to	1146	ft.	Plug Type:	OPEN HOLE	Plug Tagged:	<input checked="" type="checkbox"/>
Set	100	sks cmt from	926	ft. to	826	ft.	Plug Type:	OPEN HOLE	Plug Tagged:	<input checked="" type="checkbox"/>
Set	100	sks cmt from	700	ft. to	600	ft.	Plug Type:	OPEN HOLE	Plug Tagged:	<input checked="" type="checkbox"/>
Set	100	sks cmt from	400	ft. to	300	ft.	Plug Type:	OPEN HOLE	Plug Tagged:	<input checked="" 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 100 sacks half in. half out surface casing from 100 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:

Well was previously plugged 11/16/1962 and casing was shot off at 1957'. During plugging surface casing was cemented from 60' to surface. See attached WBD for additional 1962 plugging information. Wellbore re-entry will require wellbore to be washed down and drilled to 1500'.

Plug #1 - Pump 100 sx @ 1500'. Tag required.

Plug #2 - Pump 100 sx @ 1246'. Tag required.

Plug #3 - Pump 100 sx @ 926'. Tag required.

Plug #4 - Pump 100 sx @ 700'. Tag required.

Plug #5 - Pump 100 sx @ 400'. Tag required. Check well for bubbling before pumping surface plug don't pump if bubbles are present.

Plug #6 - Pump 100 sx @ 100' w/cement returns to surface adding accelerant to slurry.

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

Signed: _____

Print Name: Cal St. John

Title: OWP West Field Specialist

Date: _____

Email: cal.stjohn@state.co.us

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: _____

Condition of Approval

COA Type

Description

0 COA

Attachment List

Att Doc Num

Name

403149642

WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Stamp Upon
Approval

Total: 0 comment(s)