

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2109



FOR OGCC USE ONLY

RECEIVED

AUG 26 02

COGCC

WELL ABANDONMENT REPORT

Submit original plus one copy. This form is to be submitted as an intent whenever a plugging is planned on a borehole. The approved intent shall be valid for six months after the approval date; after that period a new intent will be required. After the plugging is complete, this form and one copy shall again be submitted as a subsequent report of the work as actually completed.

OGCC Operator Number: 0005 COGCC
Name of Operator: NA
Address: ATTN OIL & GAS
City: 1257 State: _____ Zip: _____

Contact Name and Telephone

No: _____

Fax: _____

24 hour notice required, contact: _____

Tel: _____

API Number: 107-5089

OGCC Lease No.: _____

Other wells this lease? ☐ Y ☐ N

Well Name: State #5

Well Number: #5

Location (QtrQtr, Sec, Twp, Rng, Meridian): JENW, 18, 6N, 86W

County: ROUTT

Federal, Indian or State Lease Number: _____

Field Name: TOW Creek

Field Number: _____

Complete the Attachment Checklist

	Oper	OGCC
Wellbore Diagram		
Cement Job Summary		
Wireline Job Summary		

☐ Notice of Intent to Abandon

☒ Subsequent Report of Abandonment

Only Complete the Following Background Information for Intent to Abandon

Reason for Abandonment: ☐ Dry ☒ Production Sub-Economic ☐ Mechanical Problems ☐ Other
Casing to be Pulled: ☐ Yes ☐ No Top of Casing Cement: _____
Fish in Hole: ☐ Yes ☐ No If yes, explain details below: _____
Wellbore has Uncemented Casing Leaks: ☐ Yes ☐ No If yes, explain details below: _____
Details: _____

OPEN HOLE 2915-3015'

Current and Previously Abandoned Zones

Formation	Perforations - Top	Perforations - Bottom	Date Abandoned	Method of Isolation (None, Squeezed, BP, Cement, etc.)	Plug Depth

Casing History

Casing String	Casing Size	Casing Depth	Cement Top	Stage Cement Top
<u>Surf Cond</u>	<u>13 3/8</u>	<u>45'</u>	<u>Surf</u>	
<u>Production</u>	<u>5 1/2</u>	<u>2915'</u>		

Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth _____ with _____ sacks cmt on top. CIBP #2: Depth _____ with _____ sacks cmt on top. NOTE: Two (2) sacks cement required on all CIBPs.
Set 40 sks cmt from 2900 ft. to 2700 ft. in ☒ Casing ☐ Open Hole ☐ Annulus
Set 10 sks cmt from 50 ft. to 0 ft. in ☒ Casing ☐ Open Hole ☐ Annulus
Set 15 sks cmt from 50 ft. to 0 ft. in ☐ Casing ☐ Open Hole ☒ Annulus 13 3/8" x 5 1/2"
Set _____ sks cmt from _____ ft. to _____ ft. in ☐ Casing ☐ Open Hole ☐ Annulus

Perforate and squeeze at _____ ft. with _____ sacks Leave at least 100 ft. in casing
Perforate and squeeze at _____ ft. with _____ sacks Leave at least 100 ft. in casing
Perforate and squeeze at _____ ft. with _____ sacks Leave at least 100 ft. in casing
Set _____ sacks half in, half out surface casing from _____ ft. to _____ ft.
Set _____ sacks at surface

✓ Cut four feet below ground level, weld on plate

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.

Plugging Date: 05-08-02

*Wireline Contractor: _____

*Cementing Contractor: Rippy Sales + Service

Type of Cement and Additives Used: _____

Attach Job Summaries. _____

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

Print Name: _____

Signed: _____

Title: _____

Date: _____

OGCC Approved: [Signature]

Title: NWAT

Date: 8-19-02

CONDITIONS OF APPROVAL, IF ANY: _____



COLORADO OIL & GAS CONSERVATION COMMISSION
NORTHWEST REGION INSPECTION REPORT

<input type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION				P O BOX 98											
<input checked="" type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION				LOMA, CO 81524 (970)-858-7521											
API No. 05- 107 - 5089			LEASE NAME: State #5												
LOCATION: SE1/4, 18, 6N, 86W			OPERATOR: N/A												
DATE: 8-16-02			INSPECTOR: JAIME ADKINS MOBIL (970)-250-2440												
INSP TYPE	SR	INSP STATUS	PA	PA	Y	N	PASS/FAIL	P	F	VIOLATION	Y	N	NOV	Y	N
UIC VIOL TYPE UA <input type="checkbox"/> MI <input type="checkbox"/> OP <input type="checkbox"/> PA <input type="checkbox"/> OT <input type="checkbox"/> TBG/PKR LK <input type="checkbox"/> CSG LK <input type="checkbox"/> <small>ALL UIC VIOLATIONS REQUIRE NOAVS</small>															
Well ID Signs (Rule 210)		<input type="checkbox"/>		Fences (Rule 604.C.(3), 1003.A)		<input type="checkbox"/>									
Production Pits (Rule 902, 903, 904) EARTHEN PITS ONLY SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO				PRODUCED WATER PITS		TOTAL # _____		OIL ACCUMULATION <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>							
				SKIMMING/SETTLING PITS		TOTAL # _____		COVERED # _____		UNCOVERED # _____					
				SPECIAL PURPOSE PITS		TOTAL # _____		LINED # _____		UNLINED # _____					
				COMMENTS/SIZE _____											
Tank Battery Equipment (Rule 604)				BURIED OR PARTIALLY BURIED VESSELS : #STEEL #FIBERGLASS #CONCRETE #OTHER											
Fire Walls/Berms/Dikes (Rule 604)				<input type="checkbox"/>											
General Housekeeping (Rule 603.G)				<input type="checkbox"/>											
Spills (Oil/Water) (Rule 908)				<input type="checkbox"/>											
UIC ROUTINE INSPECTION FILL OUT FORM 21 WHEN WITNESSING MIT				INJ PRESSURE _____		PSIG		COMMENTS							
				T-C ANN PRESSURE _____		PSIG									
				BRHD PRESSURE _____		PSIG									
Drilling Well/Workover (Rule 315)				<input type="checkbox"/>											
Surface Rehabilitation (Rule 317)				Final Reel. ok - See picture. Re-veg + weed control to be done by landowner <input type="checkbox"/>											
Miscellaneous				Elec. serv. to be removed 8-20-02 <input type="checkbox"/>											
CORRECTIVE ACTION REQUIRED:															
Date Corrective Action Required By: _____ Date Remedied: _____															

This report is a Notice of Inspection. The Commission requires that you correct any deficiencies shown on this report in a timely manner. Failure to comply may result in enforcement action by the Commission.



COLORADO OIL & GAS CONSERVATION COMMISSION

NORTHWEST REGION FIELD INSPECTION REPORT

<input type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION		73 Sipprelle Dr., Suite J1	
<input checked="" type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION		Parachute, CO 81524 970-285-9000	
Date: 5-8-02	Facility ID:	Operator: N/A	
Location: SENW, 18, 6N, 86W		Lease Name: State #5	
API Number: 05 - 107 - 5089		Inspector: JAIME ADKINS Cell: 970-250-2440	
INSP TYPE	INSP STATUS	RECLAM <input type="checkbox"/> PASS <input type="checkbox"/> INTER <input type="checkbox"/>	PASS/FAIL <input type="checkbox"/> P <input type="checkbox"/> F
UIC VIOL TYPE: <input type="checkbox"/> UA <input type="checkbox"/> MI <input type="checkbox"/> OP <input type="checkbox"/> PA <input type="checkbox"/> OT		TBG/PKR LK <input type="checkbox"/>	CSG LK <input type="checkbox"/>
Well ID Signs (Rule 210) Y N		Fences Y N	
Comments: n/a		Comments:	
Production Pits (Rule 902, 903, 904) EARTHEN PITS ONLY		Produced Water Pits Total # Oil Accumulation? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO		Skimming/Settling Pits Total # Covered # Uncovered #	
		Special Purpose Pits Total # Lined # Unlined #	
Tank Battery Equipment (Rule 604)		BURIED OR PARTIALLY BURIED VESSELS: #STEEL #FIBERGLASS #CONCRETE #OTHER	
Fire Walls/Berms/Dikes [Rule 604.a.(4)]			
General Housekeeping (Rule 603.g)			
Spills (Oil/Water) (Rule 906)			
UIC Routine Inspection FILL OUT FORM 21 WHEN WITNESSING MIT		Inj. Pressure Psig T-C Ann. Pressure Psig COMMENTS	
Drilling Well/Workover (Rule 317)		tagged plug at 2720'. Set 10 sk plug at surf. in 5 1/2" dg. Set 15 skt in 1 3/8" x 5 1/2" (0-45') annulus.	
Surface Rehabilitation (Rule 1003, 1004)			
Miscellaneous			
CORRECTIVE ACTION REQUIRED:			
Date Corrective Action Required By:		Date Remedied:	

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NORTHWEST REGION FIELD INSPECTION REPORT

<input type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION		73 Sippelle Dr., Suite J1	
<input checked="" type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION		Parachute, CO 81524 970-285-9000	
Date: 5-7-02	Facility ID:	Operator: N/A	
Location: 5ENW, 18, 6N, 86W		Lease Name: State #5	
API Number: 05 - 107 - 5089		Inspector: JAIME ADKINS	Cell: 970-250-2440
INSP TYPE	INSP STATUS	RECLAM <input type="checkbox"/> PASS <input type="checkbox"/> INTER <input type="checkbox"/>	PASS/FAIL <input type="checkbox"/> P <input type="checkbox"/> F
UIC VIOL TYPE: <input type="checkbox"/> UA <input type="checkbox"/> MI <input type="checkbox"/> OP <input type="checkbox"/> PA <input type="checkbox"/> OT		TBG/PKR LK <input type="checkbox"/>	CSG LK <input type="checkbox"/>
		ALL UIC VIOLATIONS REQUIRE NOAVS	
Well ID Signs (Rule 210) Y N		Fences Y N	
Comments: n/a		Comments:	
Production Pits (Rule 902, 903, 904) EARTHEN PITS ONLY		Produced Water Pits Total # _____ Oil Accumulation? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO		Skimming/Settling Pits Total # _____ Covered # _____ Uncovered # _____	
		Special Purpose Pits Total # _____ Lined # _____ Unlined # _____	
Tank Battery Equipment (Rule 604)		BURIED OR PARTIALLY BURIED VESSELS: #STEEL #FIBERGLASS #CONCRETE #OTHER	
Fire Walls/Berms/Dikes (Rule 604.a.(4))			
General Housekeeping (Rule 603.g)			
Spills (Oil/Water) (Rule 906)			
UIC Routine Inspection FILL OUT FORM 21 WHEN WITNESSING MIT		Inj. Pressure _____ Psig T-C Ann. Pressure _____ Psig COMMENTS	
Drilling Well/Workover (Rule 317)		Witnessed PTA. Tagged Well at approx 2900'. Set 40 sk plug & 2900' ~ 2700'.	
Surface Rehabilitation (Rule 1003, 1004)			
Miscellaneous			
CORRECTIVE ACTION REQUIRED:			
Date Corrective Action Required By:		Date Remedied:	

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