

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: 00005

Name of Operator: N/A COGCC

Address:

City: State: Zip:

Contact Name and Telephone

No:

Fax:

24 hour notice required,  
contact:

Tel:

API Number: 107-5091

OGCC Lease No.:

Other wells this lease? ☐ Y ☐ N

Well Name: Bradley #2

Well Number: #2

Location (Qtr, Sec, Twp, Rng, Meridian): NENW, 18, 6N, 86W

County: ROUTT

Federal, Indian or State Lease Number:

Field Name: TOW Cr

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 2690'-2730'

## 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
CONDUCTOR	13 3/8	51'	Just	
SURFACE	10 3/4	550'	Just	
PRODUCTION	5 1/2	2670'		

## 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 2800	ft. to 2600	ft. in <input checked="" type="checkbox"/> Casing <input type="checkbox"/> Open Hole	<input type="checkbox"/> Annulus
Set 125	sks cmt from 400'	ft. to 0'	ft. in <input type="checkbox"/> Casing <input type="checkbox"/> Open Hole	<input checked="" type="checkbox"/> Annulus 10 3/4 x 5 1/2
Set 10	sks cmt from 50'	ft. to 0'	ft. in <input checked="" type="checkbox"/> Casing <input type="checkbox"/> Open Hole	<input type="checkbox"/> Annulus 5 1/2
Set 20	sks cmt from 50'	ft. to 0'	ft. in <input type="checkbox"/> Casing <input type="checkbox"/> Open Hole	<input checked="" type="checkbox"/> Annulus 13 3/8 x 10 3/4
Set _____	sks cmt from _____	ft. to _____	ft. in <input type="checkbox"/> Casing <input type="checkbox"/> Open Hole	<input type="checkbox"/> 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: 06-04-02

\*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:

Title: NWAE

Date: 8-19-02

CONDITIONS OF APPROVAL, IF ANY:

Conductor leaked - 582D w/18 SX on 8-16-02 to 150psi  
no leak.





# COLORADO OIL & GAS CONSERVATION COMMISSION

## NORTHWEST REGION FIELD INSPECTION REPORT

<input type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION		73 Sipprelle Dr., Suite J1	
<input type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION		Parachute, CO 81524 970-285-9000	
Date: 6-4-02	Facility ID:	Operator: N/A	
Location: NENW, 13, 6N, 86W		Lease Name: Bradley #2	
API Number: 05 - 107 - 5091		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 checked="" 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		Fences Y N	
(Rule 210) Y N		(Rule 603.b.(7), 1002.a)	
Production Pits		Total # _____ Oil Accumulation? <input type="checkbox"/> YES <input type="checkbox"/> NO	
(Rule 902, 903, 904)		Comments: _____	
EARTHEN PITS ONLY		Total # _____ Covered # _____ Uncovered # _____	
SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO		Comments: _____	
Special Purpose Pits		Total # _____ Lined # _____ Unlined # _____	
Comments: _____		Comments: _____	
Tank Battery Equipment		BURIED OR PARTIALLY BURIED VESSELS: #STEEL #FIBERGLASS #CONCRETE #OTHER	
(Rule 604)		_____	
Fire Walls/Berms/Dikes		_____	
[Rule 604.a.(4)]		_____	
General Housekeeping		_____	
(Rule 603.g)		_____	
Spills (Oil/Water)		_____	
(Rule 906)		_____	
UIC Routine Inspection		COMMENTS	
FILL OUT FORM 21		Inj. Pressure _____ Psig	
WHEN WITNESSING MIT		T-C Ann. Pressure _____ Psig	
Drilling Well/Workover		Witnessed P/A. Pumped 125 5x down	
(Rule 317)		bradenhead (10 3/4 x 5 1/2"). SI w/ 50# on valve.	
Surface Rehabilitation		Set 10 5x in 5 1/2" at surface and 20 5x	
(Rule 1003, 1004)		in 13 3/8" x 10 7/8" annulus at surf.	
Miscellaneous		_____	
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 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 - 5091			LEASE NAME: Bradley #2												
LOCATION: NENW, 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"/> ALL UIC VIOLATIONS REQUIRE NOAVS															
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 Recl. complete, see picture, landowner (morton) to re-vegetate & control weeds. (not Bradley) <input type="checkbox"/>											
Miscellaneous				<input type="checkbox"/>											
CORRECTIVE ACTION REQUIRED:															
Date Corrective Action Required By: Date Remedied:															

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<input type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION		73 Sipprelle Dr., Suite J1	
<input type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION		Parachute, CO 81524 970-285-9000	
Date: 6-3-02	Facility ID:	Operator: N/A	
Location: NENW, 18, 6N, 86W		Lease Name: Bradley <sup>T2</sup>	
API Number: 05 - 107 - 5091		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 checked="" 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 checked="" 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 P.A. Tubing was stuck. Put up to 100000# Not able to free. Could pump thru. Pumped 40 8x thru tubing (circ.)	
Surface Rehabilitation (Rule 1003, 1004)			
Miscellaneous			
CORRECTIVE ACTION REQUIRED:			
Date Corrective Action Required By:		Date Remedied:	

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