

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

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Document Number:

403300839

Date Received:

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: 96850

Contact Name: Melissa Luke

Name of Operator: TEP ROCKY MOUNTAIN LLC

Phone: (970) 263-2721

Address: 1058 COUNTY ROAD 215

Fax:

City: PARACHUTE State: CO Zip: 81635

Email: mluke@terraep.com

For "Intent" 24 hour notice required, Name: De Paolo, Corey Tel: (303) 903-8253

COGCC contact: Email: corey.depaulo@state.co.us

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

API Number 05-045-06612-00

Well Name: CLOUGH Well Number: W-86-29

Location: QtrQtr: SWNE Section: 29 Township: 6S Range: 94W Meridian: 6

County: GARFIELD Federal, Indian or State Lease Number: 12879

Field Name: RULISON Field Number: 75400

Only Complete the Following Background Information for Intent to Abandon

Latitude: 39.499429 Longitude: -107.907997

GPS Data: GPS Quality Value: 0.0 Type of GPS Quality Value: Date of Measurement: 06/06/2012

Reason for Abandonment: ☐ Dry ☐ Production Sub-economic ☒ Mechanical Problems

☐ Other

Casing 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:

Current and Previously Abandoned Zones

Formation	Perf. Top	Perf. Btm	Abandoned Date	Method of Isolation	Plug Depth

Total: 0 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	-	24	0	319	200	319	0	
2ND	7+7/8	4+1/2	-	11.6	0	1788	300	1788	700	

Date Run: 1/25/2023 Doc [#403300839] Well Name: CLOUGH W-86-29

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Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 1274 with 2 sacks cmt on top. CIBP #2: Depth 190 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 58 sks cmt from 219 ft. to 419 ft. Plug Type: CASING Plug Tagged: ☐
Set 16 sks cmt from 50 ft. to 0 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: ☐
Perforate and squeeze at 419 ft. with 58 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 _____ 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 Number of Days from Setting Surface Plug to Capping or Sealing the Well: _____
Surface Plug Setting Date: _____ Cut and Cap Date: _____

*Wireline Contractor: _____ *Cementing Contractor: _____

Type of Cement and Additives Used: _____

Flowline/Pipeline has been abandoned per Rule 1105 ☐ Yes ☐ No

Technical Detail/Comments:

CPW Consultation occurred on 11/24/2023 to meet COGCC Rule 312 requirements.

- 1 Notify COGCC via Form 42, 48 hrs prior to start of activity.
- 2 POOH tubing string
- 3 RIH w/ WL set CIBP @ 1,274' in 4-1/2" csg (top perf @ 1,324', TOC @ 750')
- 4 Dump bail 2 sks of cmt on top of CIBP @ 1,274' in 4-1/2" casing.
- 5 Pressure test casing to 500 psi for 15 minutes. Notify COGCC if test fails.
- 6 If test fails, RIH w/ pkr to below TOC (750') and test CIBP to 500 psi for 15 minutes
- 7 PU pkr and test csg to determine location of csg leak
- 8 If csg leak is discovered below surface csg shoe, RIH w/ cmt retainer and sqz leak accordingly
- 9 If csg leak is discovered above surface csg shoe, procede with surface csg shoe cmt job
- 10 Shoot 3 holes in 4-1/2" casing @ 419' and establish circulation down production csg and up surface csg
- 11 Pump 58 sks cmt, cementing 4-1/2" production csg and annulus from 219-419'
- 12 Cut and pull 4-1/2" production csg from 200' to surface
- 13 RIH w/ WL set CIBP @ 190' in 8-5/8" surface csg
- 14 Dump bail 2 sks of cmt on top of CIBP @ 190' in 8-5/8" surface csg
- 12 RIH to 50' and circulate 16 sks cmt to surface in 8-5/8" surface csg.
- 13 Submit wireline and cement field tickets to engineer
- 14 Monitor well for 5 days to ensure successful plugging
- 15 Cut off wellhead, top out cement if necessary
- 16 Weld a steel plate dryhole marker (Above Ground) with a weep hole on top of casing (See Details Below)
- 17 Submit subsequent Form 6 to COGCC
- 18 Backfill cellar

Please see attached current WBD, proposed WBD and proposed plugging procedure for project details.

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

Signed: _____

Print Name: Melissa Luke

Title: Regulatory Specialist

Date: _____

Email: mluke@terraep.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

0 COA	

Attachment List

Att Doc Num

Name

403301005	OTHER
403301038	PROPOSED PLUGGING PROCEDURE
403301039	WELLBORE DIAGRAM
403301040	WELLBORE DIAGRAM

Total Attach: 4 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)