

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	 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> <tr> <td colspan="4" style="padding: 5px;"> Document Number: <div style="text-align: center; font-weight: bold; margin-top: 5px;">403310272</div> </td> </tr> <tr> <td colspan="4" style="padding: 5px;"> Date Received: </td> </tr> </table>	DE	ET	OE	ES	Document Number: <div style="text-align: center; font-weight: bold; margin-top: 5px;">403310272</div>				Date Received:			
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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: <u>100322</u>	Contact Name: <u>Gina Arcila</u>
Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(432) 202-5717</u>
Address: <u>2001 16TH STREET SUITE 900</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>gina.arcila@chevron.com</u>

For "Intent" 24 hour notice required, Name: Burns, Adam Tel: (970) 218-4885

COGCC contact: Email: adam.m.burns@state.co.us

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

API Number <u>05-123-29433-00</u>	Well Number: <u>26-20</u>
Well Name: <u>DINNEL C</u>	
Location: QtrQtr: <u>SWNW</u> Section: <u>26</u> Township: <u>4N</u> Range: <u>64W</u> Meridian: <u>6</u>	
County: <u>WELD</u> Federal, Indian or State Lease Number: _____	
Field Name: <u>WATTENBERG</u> Field Number: <u>90750</u>	

Only Complete the Following Background Information for Intent to Abandon

Latitude: 40.283936 Longitude: -104.522855

GPS Data: GPS Quality Value: 3.9 Type of GPS Quality Value: PDOP Date of Measurement: 09/22/2009

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

☐ Other _____

Casing to be pulled: ☒ Yes ☐ No Estimated Depth: 672

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
CODELL	6797	6810			
NIOBRARA	6538	6610			

Total: 2 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	J-55	24	0	535	250	535	0	VISU
1ST	7+7/8	4+1/2	M-80	11.6	0	7006	830	7006	677	CBL

Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 6488 with 2 sacks cmt on top. CIBP #2: Depth 2422 with 10 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 _____ sks cmt from _____ ft. to _____ ft. Plug Type: _____ Plug Tagged: ☐
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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

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Perforate and squeeze at _____ ft. with _____ sacks. Leave at least 100 ft. in casing _____ CICR Depth

(Cast Iron Cement Retainer Depth)

Set 210 sacks half in. half out surface casing from 672 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:

3rd party wildlife surveys will be conducted on this well prior to rigging up for P&A activities.

Notification will be given to any adjacent building unit occupants within a 1000 feet of the wellhead of planned P&A start date.

Please be aware that Form 6 Approval can predate actual rig work by up to several months and that environmental conditions can change quickly over that time. Chevron's Environmental Site Screening Process incorporates full environmental field clearances within 7 days of a scheduled well-work activity once the well is added to the active workover rig schedule. Should sensitive HPH conditions be identified during the screening process, Chevron will delay the work until conditions (nesting) clear and/or consult directly with CPW for guidance and discussion of potential mitigation measures that may be incorporated.

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

Signed: _____

Print Name: Sharon Strum

Title: Lead Wells Technical

Date: _____

Email: sharon.strum@chevron.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: _____

<u>COA Type</u>	<u>Description</u>
0 COA	

Attachment List

<u>Att Doc Num</u>	<u>Name</u>
403310286	WELLBORE DIAGRAM
403323060	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)