

FORM 6 Rev 11/20	State of Colorado Energy & Carbon Management Commission 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109		 		DE	ET	OE	ES
	WELL ABANDONMENT REPORT				Document Number: <div style="text-align: center;">403949492</div> 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.

ECMC 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>1099 18TH STREET SUITE 1500</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: <u>Evins, Bret</u> Tel: <u>(970) 420-6699</u> Email: <u>bret.evins@state.co.us</u>	
ECMC contact: _____	

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

API Number	<u>05-123-24562-00</u>				
Well Name:	<u>FOSS - USX AA</u>	Well Number:	<u>5-25</u>		
Location:	QtrQtr: <u>SWSW</u>	Section: <u>5</u>	Township: <u>6N</u>	Range: <u>63W</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: 40.511780 Longitude: -104.465580

GPS Data: GPS Quality Value: 1.6 Type of GPS Quality Value: PDOP Date of Measurement: 05/10/2007

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: fish - stage tool 4099'-4104'

Current and Previously Abandoned Zones

Formation	Perf. Top	Perf. Btm	Abandoned Date	Method of Isolation	Plug Depth
CODELL	6827	6838			
NIOBRARA	6650	6670			

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	NA	24	0	718	510	718	0	VISU
1ST	7+7/8	4+1/2	M80	11.6	0	6979	1110	6979	1665	CBL

Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 6600 with 2 sacks cmt on top. CIBP #2: Depth 2384 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 70 sks cmt from 918 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: ☐

Set _____ sks cmt from _____ ft. to _____ ft. Plug Type: _____ Plug Tagged: ☐

Perforate and squeeze at 918 ft. with 215 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

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:

This well is part of the AOC (Order 1V-668) Alt MIT program.

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.

CPW consult not required.

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 Asst

Date: _____

Email: sharon.strum@chevron.com

Based on the information provided herein, this Well Abandonment Report (Form 6) complies with ECMC Rules and applicable orders and is hereby approved.

ECMC Approved: _____

Date: _____

CONDITIONS OF APPROVAL, IF ANY LIST

Expiration Date: _____

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

ATTACHMENT LIST

<u>Att Doc Num</u>	<u>Name</u>
403949549	WELLBORE DIAGRAM
403949551	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)