

Replug By Other Operator

Document Number:
404079416

Date Received:

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.

ECMC Operator Number: 10695 Contact Name: Deborah Abrams
 Name of Operator: BEHRENS RESOURCES INC Phone: (303) 8942100
 Address: PO BOX 188 Fax: _____
 City: DEER TRAIL State: CO Zip: 80135 Email: deborah.abrams@state.co.us

For "Intent" 24 hour notice required, Name: Medina, Justin Tel: (720) 471-0006
 ECMC contact: Email: justin.medina@state.co.us

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

API Number 05-005-06892-00
 Well Name: STATE-CRAIG Well Number: 4-16 (OWP)
 Location: QtrQtr: NESW Section: 16 Township: 5S Range: 62W Meridian: 6
 County: ARAPAHOE Federal, Indian or State Lease Number: 68-5117-S
 Field Name: PRONGHORN Field Number: 70650

Only Complete the Following Background Information for Intent to Abandon

Latitude: 39.613420 Longitude: -104.335100
 GPS Data: GPS Quality Value: 6.0 Type of GPS Quality Value: _____ Date of Measurement: 09/24/2010

Reason for Abandonment: Dry Production Sub-economic Mechanical Problems
 Other OWP

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
J SAND	7421	7488			
Total: 1 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	UNK	24	0	262	265	262	0	VISU
1ST	7+7/8	4+1/2	UNK	11.6	0	7522	200	7522	6571	CALC
		4+1/2		Stage Tool		1472	200	1472	596	CALC

Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 7346 with 2 sacks cmt on top. CIBP #2: Depth 6604 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 35 sks cmt from 1527 ft. to 1148 ft. Plug Type: CASING Plug Tagged:
 Set 35 sks cmt from 1000 ft. to 590 ft. Plug Type: CASING Plug Tagged:
 Set 50 sks cmt from 590 ft. to 0 ft. Plug Type: ANNULUS Plug Tagged:
 Set 140 sks cmt from 590 ft. to 0 ft. Plug Type: CASING Plug Tagged:
 Set _____ sks cmt from _____ ft. to _____ ft. Plug Type: _____ Plug Tagged:

Perforate and squeeze at 2600 ft. with 40 sacks. Leave at least 100 ft. in casing 2550 CICR Depth
 Perforate and squeeze at 1577 ft. with 40 sacks. Leave at least 100 ft. in casing 1527 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:

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

Signed: _____ Print Name: Deborah Abrams
 Title: OWP Date: _____ Email: deborah.abrams@state.co.us

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: _____

COA Type	Description
0 COA	

ATTACHMENT LIST

<u>Att Doc Num</u>	<u>Name</u>
404079437	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)