

FORM
6Rev
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

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 OWPCasing to be pulled: ☐ Yes ☐ No Estimated Depth:Fish in Hole: ☐ Yes ☐ No If yes, explain details belowWellbore 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 <u>35</u> sks cmt from <u>1527</u> ft. to <u>1148</u> ft.	Plug Type: <u>CASING</u>	Plug Tagged: <input type="checkbox"/>
Set <u>35</u> sks cmt from <u>1000</u> ft. to <u>590</u> ft.	Plug Type: <u>CASING</u>	Plug Tagged: <input type="checkbox"/>
Set <u>50</u> sks cmt from <u>590</u> ft. to <u>0</u> ft.	Plug Type: <u>ANNULUS</u>	Plug Tagged: <input type="checkbox"/>
Set <u>140</u> sks cmt from <u>590</u> ft. to <u>0</u> ft.	Plug Type: <u>CASING</u>	Plug Tagged: <input type="checkbox"/>
Set _____ sks cmt from _____ ft. to _____ ft.	Plug Type: _____	Plug Tagged: <input type="checkbox"/>

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

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:

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

Att Doc Num

Name

404079437

WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)