

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: 403753204 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: 95620		Contact Name: Steve James	
Name of Operator: WESTERN OPERATING COMPANY		Phone: (303) 726-8650	
Address: 1165 DELAWARE STREET #200		Fax:	
City: DENVER	State: CO	Zip: 80204	Email: steve@westernoperating.com
For "Intent" 24 hour notice required,		Name: Schure, Kym Tel: (970) 520-3832	
ECMC contact:		Email: kym.schure@state.co.us	

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

API Number 05-121-06775-00		Well Number: A-1	
Well Name: PECK			
Location: QtrQtr: NENE	Section: 15	Township: 1N	Range: 54W Meridian: 6
County: WASHINGTON		Federal, Indian or State Lease Number:	
Field Name: SHEARS DRAW		Field Number: 77100	

Only Complete the Following Background Information for Intent to Abandon

Latitude: 40.058450 Longitude: -103.398420

GPS Data: GPS Quality Value: 1.9 Type of GPS Quality Value: Date of Measurement: 04/25/2008

Reason for Abandonment:
 ☐ Dry
 ☐ Production Sub-economic
 ☐ Mechanical Problems
☒ Other Reducing well count

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	4866	4880			

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	NA	24	0	214	150	214	0	VISU
1ST	7+7/8	4+1/2	NA	11.6	0	4970	150	4970	4212	CALC

Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 4816 with 2 sacks cmt on top. CIBP #2: Depth _____ with _____ 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>8</u> sks cmt from <u>3900</u> ft. to <u>3800</u> ft.	Plug Type: <u>CASING</u>	Plug Tagged: <input checked="" type="checkbox"/>
Set <u>8</u> sks cmt from <u>1500</u> ft. to <u>1400</u> ft.	Plug Type: <u>CASING</u>	Plug Tagged: <input checked="" type="checkbox"/>
Set <u>24</u> sks cmt from <u>314</u> ft. to <u>0</u> ft.	Plug Type: <u>CASING</u>	Plug Tagged: <input checked="" type="checkbox"/>
Set _____ sks cmt from _____ ft. to _____ ft.	Plug Type: _____	Plug Tagged: <input type="checkbox"/>
Set _____ sks cmt from _____ ft. to _____ ft.	Plug Type: _____	Plug Tagged: <input type="checkbox"/>

Perforate and squeeze at 3900 ft. with 40 sacks. Leave at least 100 ft. in casing _____ CICR Depth
Perforate and squeeze at 1500 ft. with 40 sacks. Leave at least 100 ft. in casing _____ CICR Depth
Perforate and squeeze at 314 ft. with 62 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 10 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:

The wellhead does not exist within any CPW buffers

Environmental sampling will occur per approved Form 27 Document Numbers 403123970 and 403123664
Flowline will be removed per Form 44 Document Number 403124350

Previous Form 6 approved with the following plugging procedure:

Plug #1 - 4816', CIBP with 2 sx of cement.

Plug #2 - 3900', perf and squeeze 40 sx into the perfs, spot 8 sx in the casing (100').

WOC and tag if CICR is not used.

Plug #3 - 1500', perf and squeeze 40 sx into the perfs, spot 8 sx in the casing (100').

WOC and tag if CICR is not used.

Plug #7 - 314', perf and circulate 86 sx of cement to surface. If perfs will take fluid but do not circulate or circulation is lost, pump a minimum of 50 sx and displace to 114', 100' above the surface shoe, WOC and tag at 164' or shallower. Notify COGCC Area Engineer of insufficient cement prior to pumping additional plugs.

Plug #8 - 50' of cement at the surface in both the casing and the annulus per COA #4.

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

Signed: _____

Print Name: Ben Baugh

Title: Senior Geologist

Date: _____

Email: bbaugh@entradainc.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: _____

COA Type

Description

0 COA	

ATTACHMENT LIST

Att Doc Num

Name

403753205	WELLBORE DIAGRAM
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)