



1120 Lincoln Street, Suite 801, Denver Colorado 80203 (303) 894-2100 Fax (303) 894-2109

**WELL ABANDONMENT REPORT**

Submit original plus one copy. This form is to be submitted as an intent whenever a plugging is planned on a borehole. The approved intent shall be valid for twelve months after the approval date after that period a new intent will be required. After the plugging is complete, this form and one copy shall again be submitted as a subsequent report of the work as actually completed.

<b>COGCC Operator Number:</b> 51130	<b>Contact Name &amp; Telephone</b> Mark Clavenna	<b>24 hour notice required, contact:</b> _____
Name of Operator: Locin Oil Corporation	No: 281-362-8600 (22)	
Address: 25231 Grogan's Mill Road, Suite 500	Fax: 281-419-6626	
City: The Woodlands State: TX Zip: 77380	Tel: _____	

<b>API Number</b> 05-103-08868	<b>Complete the Attachment Checklist</b> Oper OGCC
Well Name: Federal Well Number: L-15-2-102	
Location (QtrQtr, Sec, Twp, Rng, Meridian): NSW, Sec 15, T2S, R102W	
County: Rio Blanco Federal, Indian or State Lease Number: C-03064	
Field Name Dragon Trail Field Number 18700	

☒ **Notice of Intent to Abandon**☐ **Subsequent Report of Abandonment****Only Complete the Following Background Information for Intent to Abandon**

Latitude: _____	Longitude: _____
GPS Data: _____	
Date of Measurement: _____	PDOP Reading: _____ Instrument Operator's Name: _____
Reason for Abandonment <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Production Sub-economic <input type="checkbox"/> Mechanical Problems <input type="checkbox"/> Other	
Casing to be Pulled: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Top of Casing Cement: Unknown
Fish in Hole: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, explain details below
Wellbore has Uncemented Casing Leaks <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, explain details below
Details: _____	

**Current and Previously Abandoned Zones**

Formation	Perforations - Top	Perforations - Bottom	Date Abandoned	Method of Isolation (None, Squeezed, BP, Cement, etc.)	Plug Depth
Mancos B	2332	2610			

**Casing History**

String	Size of Hole	Size of Casing	Weight per ft	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
Surface	12.25	8.625	24	104 168	110	104 168	0
Prod	7.875	4.5	10.5	2687	125	2687	

**Plugging Procedure for Intent and Subsequent Report**

CIBP #1: Depth 2275 with 2 sacks cmt on top.	CIBP #2: Depth _____ with _____ sacks cmt on top.	NOTE: Two (2) sacks cement required on all CIBPs.
Set _____ sks cmt from _____ ft. to _____ ft. in	Set _____ sks cmt from _____ ft. to _____ ft. in	
Set _____ sks cmt from _____ ft. to _____ ft. in	Set _____ sks cmt from _____ ft. to _____ ft. in	<input type="checkbox"/> Casing <input type="checkbox"/> Open Hole <input type="checkbox"/> Annulus
Set _____ sks cmt from _____ ft. to _____ ft. in	Set _____ sks cmt from _____ ft. to _____ ft. in	<input type="checkbox"/> Casing <input type="checkbox"/> Open Hole <input type="checkbox"/> Annulus
Set _____ sks cmt from _____ ft. to _____ ft. in	Set _____ sks cmt from _____ ft. to _____ ft. in	<input type="checkbox"/> Casing <input type="checkbox"/> Open Hole <input type="checkbox"/> Annulus
Perforate and squeeze at 1000 ft. with 50 sacks	Leave at least 100 ft. in casing	
Perforate and squeeze at 220 ft. with 75 sacks	Leave at least 100 ft. in casing	
Perforate and squeeze at _____ ft. with _____ sacks	Leave at least 100 ft. in casing	
Set _____ sacks half in, half out surface casing from _____ ft. to _____ ft.		
Set _____ sacks at surface		
Cut four feet below ground level, weld on plate		
Set _____ sacks in rat hole	Dry-Hole Marker: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Set _____ sacks in mouse hole		

**Additional Plugging Information for Subsequent Report Only**

Casing Recovered: _____ ft. of _____ in. casing	Plugging date: _____
*Wireline Contractor: _____	*Cementing Contractor: _____
Type of Cement and Additives Used: _____	

**\*Attach job summaries.**

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

Print Name Mark Clavenna	Email: mclavenna@nclnr.com
Signed: <u>Mark Clavenna</u>	Title: Manager Date: 05/11/10

OGCC Approved: <u>David Anderson</u>	Title: PE II Date: 6/4/2010
--------------------------------------	-----------------------------

CONDITIONS OF APPROVAL, IF ANY:

1) Operator must provide well location GPS coordinates on Subsequent Report of Abandonment in accordance with COGCC As-Built Location Policy and Rule 215.