

State of Colorado
Oil and Gas Conservation Commission

e 801, Denver Colorado 80203 (303) 894-2100 Fax (303) 894-2109



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<p>RECEIVED</p> <p>MAY 21 2010</p> <p>COGCC</p>			



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.

COGCC Operator Number: 51130 Name of Operator: <u>Locin Oil Corporation</u> Address: <u>25231 Grogan's Mill Road, Suite 500</u> City: <u>The Woodlands</u> State: <u>TX</u> Zip: <u>77380</u>	Contact Name & Telephone <u>Mark Clavenna</u> No: <u>281-362-8600 (22)</u> Fax: <u>281-419-6626</u>	24 hour notice required, contact: _____ Tel: _____
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API Numbe 05-103-08744 Well Name: <u>Fork Unit</u> Well Number: <u>4-13-1-2</u> Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>NWNW, Sec 13, T1S, R102W</u> County: <u>Rio Blanco</u> Federal, Indian or State Lease Number: <u>C-02740</u> Field Name <u>Douglas Creek North</u> Field Number <u>17900</u>	Complete the Attachment Checklist <table border="1"> <tr> <td></td> <td>Oper</td> <td>OGCC</td> </tr> <tr> <td>Wellbore Diagram</td> <td>X</td> <td></td> </tr> <tr> <td>Cement Job Summary</td> <td></td> <td></td> </tr> <tr> <td>Wireline Job Summary</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		Oper	OGCC	Wellbore Diagram	X		Cement Job Summary			Wireline Job Summary								
	Oper	OGCC																	
Wellbore Diagram	X																		
Cement Job Summary																			
Wireline Job Summary																			

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 Dry Production Sub-economic Mechanical Problems Other
 Casing to be Pulled: Yes No Top of Casing Cement: Unknown
 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	Perforations - Top	Perforations - Bottom	Date Abandoned	Method of Isolation (None, Squeezed, BP, Cement, etc.)	Plug Depth
Mancus B	2456	2525			

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	145	150	145	0
Prod	7.875	5.5	15.5	2644	150	2644	

Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 2400 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 Casing Open Hole Annulus
 Set _____ sks cmt from _____ ft. to _____ ft. in Casing Open Hole Annulus
 Set _____ sks cmt from _____ ft. to _____ ft. in Casing Open Hole Annulus
 Set _____ sks cmt from _____ ft. to _____ ft. in Casing Open Hole Annulus
 Set _____ sks cmt from _____ ft. to _____ ft. in Casing Open Hole Annulus

Perforate and squeeze at 1000 ft. with 50 sacks Leave at least 100 ft. in casing
 Perforate and squeeze at 200 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 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 _____ 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: [Signature] Title: Manager Date: 05/11/10

OGCC Approved: [Signature] Title: _____ Date: 5/26/2010

CONDITIONS OF APPROVAL, IF ANY:

GPS

FAX → OIR 5/26/2010