



FORM 6 Rev 12/05

State of Colorado Oil and Gas Conservation Commission

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

Table with columns DE, ET, OE, ES

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 approval 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.

OGCC Operator Number: 10098, Contact Name & Telephone: Lois Jackson, 24 hour notice required, contact: Albert Thomason

API Number: 05-123-09385, Well Name: Joe, Well Number: 1, Complete the Attachment Checklist

Notice of Intent to Abandon or Subsequent Report of Abandonment

Only Complete the Following Background Information for Intent to Abandon. Latitude, Longitude, GPS Data, Date of Measurement, PODP Reading, Instrument Operator's Name, Reason for Abandonment, Casing to be Pulled, Fish in Hole, Wellbore has Uncemented Casing Leaks.

Current and Previously Abandoned Zones

Table with columns: Formation, Perforations - Top, Perforations - Bottom, Date Abandoned, Method of Isolation, Plug Depth

Casing History

Table with columns: String, Size of Hole, Size of Casing, Weight per ft, Setting Depth, Sacks Cement, Cement Bottom, Cement Top

Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth with sacks cmt on top. CIBP #2: Depth with sacks cmt on top. NOTE: Two (2) sacks cement required on all CIBPs. Perforate and squeeze at... Set... Cut four feet below ground level, weld on plate...

Additional Plugging Information for Subsequent Report Only

Casing Recovered 4404 ft. of 5 1/2 inch casing. Plugging Date: 5/28/2012. Wireline Contractor: Magna Energy Services. Cementing Contractor: Western Wellsite Services. Type of Cement and Additives Used: BFN-111 & BG Type 3 Class C

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: Lois Jackson, Email: ljackson@enervet.net

Signed: [Signature], Title: Regulatory Analyst, Date: 6/14/2012

OGCC Approved: Title: Date:

CONDITIONS OF APPROVAL, IF ANY: