

**OUT OF SERVICE DESIGNATION**

Rule 434.d. Out of Service Designation and Plugging List. An Operator will designate a Well as Out of Service on a Form 6A, Out of Service Designation, and the Out of Service Well is then placed on the Operator's Plugging List.

OPERATOR & CONTACT INFORMATION

OGCC Operator Number: <u>81480</u>	Contact Name and Telephone:
Name of Operator: <u>THOMAS L SPRING LLC</u>	Name: <u>Kathleen Spring</u>
Address: <u>7400 E ORCHARD RD STE 106-S</u>	Phone: <u>(303) 771-1889</u>
City: <u>GREENWOOD VILLAGE</u> State: <u>CO</u> Zip: <u>80111</u>	Email: <u>kathleenspring3@gmail.com</u>

WELL PLUGGING DATA

The number of Wells the Operator has plugged in the previous 12 months: _____

EVIDENCE OF FINANCIAL CAPABILITY

Provide evidence that the Operator is financially capable of meeting the timelines required by Rule 434.d.(4) for its Plugging List. (If this space is inadequate, provide as an attachment.)

We have attached a bank statement showing evidence that we are capable of plugging this well. We intend to plug it in 2023.

OUT OF SERVICE DESIGNATION

Summary of Wells to be Designated as Out of Service and placed on the Operator's Plugging List

Within 2000' of a School Facility <u>0</u>	Within 2000' of a Residential Building Unit within a Disproportionately Impacted Community <u>0</u>
Within 2000' of a Child Care Center <u>0</u>	
Within 2000' of a High Occupancy Building Unit <u>0</u>	Within High Priority Habitat <u>0</u>
TOTAL NUMBER OF WELLS <u>1</u>	Detected Leak on Operator's CDPHE/AQCC Reg 7 Delayed Repair List <u>0</u>
Valid <u>1</u> Invalid <u>0</u>	

Form Submit Date: 11/22/2022

Plugging Due Date For Wells: 12/31/2027

#	Inv	API	Well Name & Number	Date Ceased Production or Utilization	Within 2000' of a School Facility?	Within 2000' of a Child Care Center?	Within 2000' of a High Occupancy Building Unit?	Within 2000' of a Residential Building Unit within a Disproportionately Impacted Community?	Within High Priority Habitat?	Detected Leak on Operator's CDPHE/AQCC Reg 7 Delayed Repair List?
1		061-06749	STATE BOCK 2	08/26/2021	No	No	No	No	No	No

OPERATOR COMMENT AND SUBMITTAL

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

Print Name: Kathleen Spring Email: kathleenspring3@gmail.com
 Title: Manager Date: 11/22/2022

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
403237811	EDD-DESIGNATION
403237814	EVIDENCE OF FINANCIAL CAPABILITY

Total Attach: 2 Files