

FORM  
6B  
Rev  
08/22

State of Colorado  
Oil and Gas Conservation Commission

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



Document Number:  
403440303  
Date Received:

**OUT OF SERVICE WELLS REPORT**

**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.

**CONTACT INFORMATION**

OGCC Operator Number: <u>5</u>	Contact Name and Telephone:
Name of Operator: <u>COLORADO OIL &amp; GAS CONSERVATION COMMISSION</u>	Name: <u>JUAN GONZALES</u>
Address: <u>1120 LINCOLN ST SUITE 801</u>	Phone: <u>(303) 123-1122</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u>	Email: <u>JUAN.GONZALES@STATE.CO.US</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.)

Empty rectangular box for evidence of financial capability.

**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 \_\_\_\_\_

Within 2000' of a Residential Building Unit within a Disproportionately Impacted Community \_\_\_\_\_

Within 2000' of a Child Care Center \_\_\_\_\_

Within High Priority Habitat \_\_\_\_\_

Within 2000' of a High Occupancy Building Unit \_\_\_\_\_

TOTAL NUMBER OF WELLS \_\_\_\_\_

Detected Leak on Operator's CDPHE/AQCC Reg 7 Delayed Repair List \_\_\_\_\_

Valid \_\_\_\_\_ Invalid \_\_\_\_\_

Form Submit Date:

Plugging Due Date For Wells:

#	Inv	API	Well Name & Number	Plugging Due Date	Status	Maximum Bradenhead Pressure	Date of Max Bradenhead Pressure	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?
1		001-40020	DERBY DOME ERF (OWP) 1	12/31/2027 12:00:00 AM	PA			No	No	No	No	No
2		029-05005	McKISSOCK (OWP) 1	12/31/2027 12:00:00 AM	PA			No	No	No	No	No
3		043-40067	ALICE KELLING 1	12/31/2027 12:00:00 AM	PA			No	No	No	No	No
4		051-05004	TERRELL (OWP) 1	12/31/2027 12:00:00 AM	PA			Yes	Yes	Yes	Yes	Yes
5		103-40663	RMO 2-10	12/31/2027 12:00:00 AM	PA			Yes	Yes	Yes	Yes	Yes
6		103-40666	RMO 2-13	12/31/2027 12:00:00 AM	PA			Yes	Yes	Yes	Yes	Yes
7		043-40085	HW-2919S69W (OWP) 4	12/31/2027 12:00:00 AM	PA			Yes	Yes	Yes	Yes	Yes
8		013-40010	SAVANNA 5	12/31/2027 12:00:00 AM	PA			Yes	Yes	Yes	Yes	Yes
9		083-06598	ORPHAN WELL B B	12/31/2027 12:00:00 AM	PA			No	No	No	No	No

Detected Leak on Operator's CDPHE/AQCC Reg 7 Delayed Repair List?	Plugging Date	Plug & Abandon	Terminate Electric Service	Purge Lines & Equipment	Remove Surface Equipment	Apply OOSLAT	Operator Comments (optional)
No	5/23/2000 12:00:00 AM	Completed					
No	1/10/2000 12:00:00 AM	Completed					
No	4/27/2001 12:00:00 AM	Completed					
Yes	3/12/2003 12:00:00 AM	Completed					
Yes	6/3/2008 12:00:00 AM	Completed					
Yes	6/3/2008 12:00:00 AM	Completed					
Yes	11/21/2011 12:00:00 AM	Completed					
Yes	6/30/1998 12:00:00 AM	Completed					
No	1/27/1999 12:00:00 AM	Completed					

## Alternative Timeline for Plugging Transferred Out of Service Wells

Enter Document Numbers of Form 9 – Subsequent for Transferred Out of Service Wells on the Related Forms Tab

Summary of Transferred Out of Service Wells with Requested Alternative Plugging Due Date

Within 2000' of a School Facility \_\_\_\_\_

Within 2000' of a Residential Building Unit within a Disproportionately Impacted Community \_\_\_\_\_

Within 2000' of a Child Care Center \_\_\_\_\_

Within High Priority Habitat \_\_\_\_\_

Within 2000' of a High Occupancy Building Unit \_\_\_\_\_

Detected Leak on Operator's CDPHE/AQCC Reg 7 Delayed Repair List \_\_\_\_\_

TOTAL NUMBER OF WELLS \_\_\_\_\_

Valid \_\_\_\_\_ Invalid \_\_\_\_\_

#	Inv	API	Out of Service Well Name & Number	Plugging Due Date	Status	Maximum Bradenhead Pressure	Date of Max Bradenhead Pressure	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?	Plugging Date

### 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.

TEST NEW SERVER 1

Print Name: JUAN GONZALES Email: JUAN.GONZALES@STATE.CO.US

Title: MANAGER Date: \_\_\_\_\_

Plug & Abandon	Terminate Electric Service	Purge Lines & Equipment	Remove Surface Equipment	Apply OOSLAT	Operator Comments (optional)
-------------------	----------------------------------	----------------------------	-----------------------------	-----------------	------------------------------------

**Condition of Approval**

**COA Type**

**Description**

<b><u>COA Type</u></b>	<b><u>Description</u></b>

Total: 0 COA

Data retrieval failed for the subreport 'subreport1' located at: F:\inetpub\Net\Reports\General\_Cmt.rdlc. Please check the

**Attachment Check List**

**Att Doc Num**

**Name**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>

Total Attach: 0 Files