



<div>FORM 6</div> <div>Rev 11/20</div>	<div>State of Colorado</div> <div>Energy & Carbon Management Commission</div> <div>1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109</div>		<div></div>	<table><tr><td>DE</td><td>ET</td><td>OE</td><td>ES</td></tr></table>	DE	ET	OE	ES		
	DE	ET	OE	ES						
<div>WELL ABANDONMENT REPORT</div> <div>This form is to be submitted as an Intent to Abandon whenever an abandonment is planned on a borehole. After the abandonment is complete, this form shall again be submitted as a Subsequent Report of the actual work completed. The approved intent shall be valid for six months after the approval date, after that period, a new intent will be required. Attachments required with the Intent to Abandon are wellbore diagrams of the current configuration and the proposed configuration with plugs set. A Subsequent Report of Abandonment shall indicate the actual work completed. Attachments required with a Subsequent Report are a wellbore diagram showing plugs that were set and casing remaining in the hole, the job summaries from all plugging contractors used, including wireline and cementing (third party verification) and any logs that may have been run during abandonment.</div>			<div>Replug By Other Operator</div> <div>Document Number: 403650103</div> <div>Date Received:</div>							
ECMC Operator Number: 99999		Contact Name: Richard Murray								
Name of Operator: OLD OPERATORS - STATUS UNKNOWN		Phone: (970) 989-3092								
Address: SEE COMMENT LINE IN WELL		Fax:								
City: XXXXXXXX	State: XX	Zip:	Email: G.Richard.Murray@state.co.us							
For "Intent" 24 hour notice required,		Name: Burchett, Kirby	Tel: (970) 852-9642							
ECMC contact:		Email: kirby.burchett@state.co.us								
Type of Well Abandonment Report: <input checked="" type="checkbox"/> Notice of Intent to Abandon <input type="checkbox"/> Subsequent Report of Abandonment										
API Number 05-103-12525-00		Well Number: 35 (OWP)								
Well Name: Rangely Unknown										
Location: QtrQtr: SWSE	Section: 31	Township: 2N	Range: 102W Meridian: 6							
County: RIO BLANCO		Federal, Indian or State Lease Number:								
Field Name: RANGELY		Field Number: 72370								
Only Complete the Following Background Information for Intent to Abandon										
Latitude: 40.095857		Longitude: -108.882130								
GPS Data: GPS Quality Value:		Type of GPS Quality Value:	Date of Measurement:							
Reason for Abandonment: <input type="checkbox"/> Dry <input type="checkbox"/> Production Sub-economic <input type="checkbox"/> Mechanical Problems										
<input checked="" type="checkbox"/> Other Orphan Well Program										
Casing to be pulled: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Estimated Depth:								
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 type="checkbox"/> No		If yes, explain details below								
Details: No records on file										
Depth unknown										
Current and Previously Abandoned Zones										
Formation	Perf. Top	Perf. Btm	Abandoned Date	Method of Isolation	Plug Depth					
Total: 0 zone(s)										
Casing History										
Casing Type	Size of Hole	Size of Casing	Grade	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top	Status
OPEN HOLE	12	8			0	15				

Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth _____ with _____ sacks cmt on top. CIBP #2: Depth _____ with _____ sacks cmt on top.
CIBP #3: Depth _____ with _____ sacks cmt on top. CIBP #4: Depth _____ with _____ sacks cmt on top.
CIBP #5: Depth _____ with _____ sacks cmt on top.

NOTE: Two(2) sacks cement required on all CIBPs.

Set 100 sks cmt from 600 ft. to 475 ft. Plug Type: OPEN HOLE Plug Tagged: ☐
Set 100 sks cmt from 200 ft. to 4 ft. Plug Type: OPEN HOLE Plug Tagged: ☐
Set _____ sks cmt from _____ ft. to _____ ft. Plug Type: _____ Plug Tagged: ☐
Set _____ sks cmt from _____ ft. to _____ ft. Plug Type: _____ Plug Tagged: ☐
Set _____ sks cmt from _____ ft. to _____ ft. Plug Type: _____ Plug Tagged: ☐

Perforate and squeeze at _____ ft. with _____ sacks. Leave at least 100 ft. in casing _____ CICR Depth

Perforate and squeeze at _____ ft. with _____ sacks. Leave at least 100 ft. in casing _____ CICR Depth

Perforate and squeeze at _____ ft. with _____ sacks. Leave at least 100 ft. in casing _____ CICR Depth

(Cast Iron Cement Retainer Depth)

Set _____ sacks half in. half out surface casing from _____ ft. to _____ ft. Plug Tagged: ☐

Set _____ sacks at surface

Cut four feet below ground level, weld on plate Above Ground 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 _____ inch casing

Surface Plug Setting Date: _____ Cut and Cap Date: _____ Number of Days from Setting Surface Plug to Capping or Sealing the Well: _____

*Wireline Contractor: _____

*Cementing Contractor: _____

Type of Cement and Additives Used: _____

Flowline/Pipeline has been abandoned per Rule 1105 ☐ Yes ☐ No

Technical Detail/Comments:

Proposed Plug Placement

Cut 4' below grade, cap per COGCC guidelines, & bury
Fill cement to surface in all annuli w/additional sx as needed

Plug #4 cement plug from 200' to 4'

100 sks is an estimate, due to we do not know hole size or plug type

Plug #3 Shale and Rock mix 475' to 200'

Plug #2 125' cement plug from 600' to 475'

100 sks is an estimate, due to we do not know hole size or plug type

Plug #1 Shale and Rock mix PBTD' To 600'

RIH w/gauge ring & tag existing PBTD

Remove rods, tubing, tubing anchor/packer/BHA if necessary

Remove any obstructions in the well to reach PBTD

Kill the well

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

Signed: _____

Print Name: Richard Murray

Title: OWP Specialist

Date: _____

Email: G.Richard.Murray@state.co.us

Based on the information provided herein, this Well Abandonment Report (Form 6) complies with COGCC Rules and applicable orders and is hereby approved.

ECMC Approved: _____

Date: _____

CONDITIONS OF APPROVAL, IF ANY: _____

Expiration Date: _____

<u>COA Type</u>	<u>Description</u>
0 COA	

Attachment List

<u>Att Doc Num</u>	<u>Name</u>
403650105	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)