



<div>FORM</div> <div>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																												
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<div>WELL ABANDONMENT REPORT</div> <div><p>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.</p></div>			<div>Replug By Other Operator</div> <div>Document Number: 403736396</div> <div>Date Received:</div>																																	
<div><div>ECMC Operator Number: 10487</div><div>Contact Name: Deborah Deborah Abram</div><div>Name of Operator: SPRINGDALE PARTNERS LLC</div><div>Phone: (303) 8942100</div><div>Address: 3409 MONTECLAIRE DR</div><div>Fax:</div><div>City: SHERMAN State: TX Zip: 75092</div><div>Email: deborah.abrams@state.co.us</div><div>For "Intent" 24 hour notice required, Name: Schure, Kym Tel: (970) 520-3832</div><div>ECMC contact: Email: kym.schure@state.co.us</div></div>																																				
<div>Type of Well Abandonment Report: <input checked="" type="checkbox"/> Notice of Intent to Abandon <input type="checkbox"/> Subsequent Report of Abandonment</div>																																				
<div><div>API Number 05-075-05869-00</div><div>Well Name: SPRINGDALE STORAGE Well Number: 1 (OWP)</div><div>Location: QtrQtr: NENW Section: 15 Township: 8N Range: 53W Meridian: 6</div><div>County: LOGAN Federal, Indian or State Lease Number:</div><div>Field Name: SPRINGDALE Field Number: 78300</div></div>																																				
<div>Only Complete the Following Background Information for Intent to Abandon</div> <div><div>Latitude: 40.665780 Longitude: -103.289400</div><div>GPS Data: GPS Quality Value: 2.8 Type of GPS Quality Value: Date of Measurement: 12/18/2013</div><div>Reason for Abandonment: <input type="checkbox"/> Dry <input type="checkbox"/> Production Sub-economic <input type="checkbox"/> Mechanical Problems</div><div><input checked="" type="checkbox"/> Other OWP</div><div>Casing to be pulled: <input type="checkbox"/> Yes <input type="checkbox"/> No Estimated Depth:</div><div>Fish in Hole: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain details below</div><div>Wellbore has Uncemented Casing leaks: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain details below</div><div>Details:</div></div>																																				
<div>Current and Previously Abandoned Zones</div> <table><tr><th>Formation</th><th>Perf. Top</th><th>Perf. Btm</th><th>Abandoned Date</th><th>Method of Isolation</th><th>Plug Depth</th></tr><tr><td>DAKOTA</td><td>4840</td><td>4847</td><td></td><td></td><td></td></tr></table> <div>Total: 1 zone(s)</div>				Formation	Perf. Top	Perf. Btm	Abandoned Date	Method of Isolation	Plug Depth	DAKOTA	4840	4847																								
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Date Run: 3/29/2024 Doc [#403736396] Well Name: SPRINGDALE STORAGE 1 (OWP)

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Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 4765 with 3 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 20 sks cmt from 664 ft. to 564 ft. Plug Type: ANNULUS Plug Tagged: ☐
Set 15 sks cmt from 664 ft. to 564 ft. Plug Type: CASING 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 3880 ft. with 40 sacks. Leave at least 100 ft. in casing 3790 CICR Depth

Perforate and squeeze at 1500 ft. with 40 sacks. Leave at least 100 ft. in casing 1410 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 35 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:

Surface string hole size is unknown. Entry is an assumption based on the adjacent wells to pass validation.

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

Signed: _____

Print Name: Deborah Abrams

Title: OWP

Date: _____

Email: deborah.abrams@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: _____

COA Type

Description

0 COA

Attachment List

Att Doc Num

Name

403736433

WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Stamp Upon
Approval

Total: 0 comment(s)