



<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: 403845175</div> <div>Date Received:</div>																																	
<table><tr><td colspan="2">ECMC Operator Number: 28780</td><td colspan="2">Contact Name: Deborah Abrams</td></tr><tr><td colspan="2">Name of Operator: FAHEY OIL & GAS</td><td colspan="2">Phone: (303) 8942100</td></tr><tr><td colspan="2">Address: 93 SOUTH COUNTY ROAD 159</td><td colspan="2">Fax:</td></tr><tr><td>City: STRASBURG</td><td>State: CO</td><td>Zip: 80136</td><td>Email: deborah.abrams@state.co.us</td></tr></table>				ECMC Operator Number: 28780		Contact Name: Deborah Abrams		Name of Operator: FAHEY OIL & GAS		Phone: (303) 8942100		Address: 93 SOUTH COUNTY ROAD 159		Fax:		City: STRASBURG	State: CO	Zip: 80136	Email: deborah.abrams@state.co.us																	
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Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 7543 with 2 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 105 sks cmt from 814 ft. to 393 ft. Plug Type: ANNULUS Plug Tagged: ☐
Set 40 sks cmt from 814 ft. to 393 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 6726 ft. with 40 sacks. Leave at least 100 ft. in casing 6636 CICR Depth
Perforate and squeeze at 2610 ft. with 40 sacks. Leave at least 100 ft. in casing 2520 CICR Depth
Perforate and squeeze at 1500 ft. with 70 sacks. Leave at least 100 ft. in casing 1357 CICR Depth
(Cast Iron Cement Retainer Depth)

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

Set 100 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 Number of Days from Setting Surface Plug to Capping or Sealing the Well: _____
Surface Plug Setting Date: _____ Cut and Cap Date: _____

*Wireline Contractor: _____ *Cementing Contractor: _____

Type of Cement and Additives Used: _____

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

Technical Detail/Comments:

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 ECMC Rules and applicable orders and is hereby approved.

ECMC Approved: _____ Date: _____

CONDITIONS OF APPROVAL, IF ANY LIST

Expiration Date: _____

COA Type	Description
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0 COA	
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ATTACHMENT LIST

Att Doc Num

Name

403845198

WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Stamp Upon
Approval

Total: 0 comment(s)