



<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																																							
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<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>Document Number: 403748189</div> <div>Date Received: 05/14/2024</div>																																												
<div>ECMC Operator Number: 10773 Contact Name: Sydney Smith</div> <div>Name of Operator: FUNDARE RESOURCES OPERATING COMPANY Phone: (303) 910 4511</div> <div>Address: 5251 DTC PKWY STE 950 Fax:</div> <div>City: GREENWOOD State: CO Zip: 80111 Email: ssmith@fundareresources.com</div> <div>For "Intent" 24 hour notice required, Name: Tel:</div> <div>ECMC contact: Email:</div>																																															
<div>Type of Well Abandonment Report: <input type="checkbox"/> Notice of Intent to Abandon <input checked="" type="checkbox"/> Subsequent Report of Abandonment</div>																																															
<div>API Number 05-123-15051-00</div> <div>Well Name: NELSON RANCHES Well Number: A-4</div> <div>Location: QtrQtr: NWSE Section: 17 Township: 10N Range: 58W Meridian: 6</div> <div>County: WELD Federal, Indian or State Lease Number:</div> <div>Field Name: TERRACE Field Number: 81500</div>																																															
<div>Only Complete the Following Background Information for Intent to Abandon</div> <div>Latitude: 40.836590 Longitude: -103.887355</div> <div>GPS Data: GPS Quality Value: 1.7 Type of GPS Quality Value: PDOP Date of Measurement: 09/29/2010</div> <div>Reason for Abandonment: <input type="checkbox"/> Dry <input type="checkbox"/> Production Sub-economic <input type="checkbox"/> Mechanical Problems</div> <div><input type="checkbox"/> Other</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>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>D SAND</td><td>6636</td><td>6640</td><td>12/20/2023</td><td>B PLUG CEMENT TOP</td><td>6850</td></tr></table> <div>Total: 1 zone(s)</div>				Formation	Perf. Top	Perf. Btm	Abandoned Date	Method of Isolation	Plug Depth	D SAND	6636	6640	12/20/2023	B PLUG CEMENT TOP	6850																																
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Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 6650 with 2 sacks cmt on top. CIBP #2: Depth 2620 with 10 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 <u>225</u> sks cmt from <u>447</u> ft. to <u>6</u> ft.	Plug Type: <u>ANNULUS</u>	Plug Tagged: <input type="checkbox"/>
Set <u>75</u> sks cmt from <u>1100</u> ft. to <u>845</u> ft.	Plug Type: <u>ANNULUS</u>	Plug Tagged: <input checked="" type="checkbox"/>
Set <u>100</u> sks cmt from <u>1132</u> ft. to <u>760</u> ft.	Plug Type: <u>OPEN HOLE</u>	Plug Tagged: <input checked="" type="checkbox"/>
Set _____ sks cmt from _____ ft. to _____ ft.	Plug Type: _____	Plug Tagged: <input type="checkbox"/>
Set _____ sks cmt from _____ ft. to _____ ft.	Plug Type: _____	Plug Tagged: <input type="checkbox"/>

Perforate and squeeze at 5757 ft. with 90 sacks. Leave at least 100 ft. in casing 5710 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 Number of Days from Setting Surface Plug to Capping or Sealing the Well: 0
Surface Plug Setting Date: 12/20/2023 Cut and Cap Date: 12/20/2023

*Wireline Contractor: _____ *Cementing Contractor: DUCO Incorporated

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: Sydney Smith

Title: Director ESHR Date: 5/14/2024 Email: ssmith@fundareresources.com

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

COA Type	Description
0 COA	

ATTACHMENT LIST

<u>Att Doc Num</u>	<u>Name</u>
403748189	FORM 6 SUBSEQUENT SUBMITTED
403748311	CEMENT JOB SUMMARY
403748319	WELLBORE DIAGRAM
403789816	WELLBORE DIAGRAM

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)