



<div>FORM</div> <div>6</div> <div>Rev 11/20</div>	<div>State of Colorado</div> <div>Energy &amp; 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>Replug By Other Operator</div> <div>Document Number: 403850599</div> <div>Date Received:</div>																																	
<div>ECMC Operator Number: 28780</div> <div>Name of Operator: FAHEY OIL &amp; GAS</div> <div>Address: 93 SOUTH COUNTY ROAD 159</div> <div>City: STRASBURG State: CO Zip: 80136</div>		<div>Contact Name: Deborah Abrams</div> <div>Phone: (303) 8942100</div> <div>Fax:</div> <div>Email: deborah.abrams@state.co.us</div>																																		
<div>For "Intent" 24 hour notice required,</div> <div>ECMC contact:</div>		<div>Name: Medina, Justin</div> <div>Email: justin.medina@state.co.us</div> <div>Tel: (720) 471-0006</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>API Number 05-001-08004-00</div> <div>Well Name: ANTELOPE FARMS</div> <div>Location: QtrQtr: NWSW Section: 24 Township: 2S Range: 63W Meridian: 6</div> <div>County: ADAMS</div> <div>Field Name: PORTER</div>		<div>Well Number: 1-24 (OWP)</div> <div>Federal, Indian or State Lease Number:</div> <div>Field Number: 69798</div>																																		
<div>Only Complete the Following Background Information for Intent to Abandon</div> <div>Latitude: 39.859870 Longitude: -104.393530</div> <div>GPS Data: GPS Quality Value: 1.9 Type of GPS Quality Value: Date of Measurement: 09/05/2012</div> <div>Reason for Abandonment: <input type="checkbox"/> Dry <input type="checkbox"/> Production Sub-economic <input type="checkbox"/> Mechanical Problems <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>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>J SAND</td><td>7483</td><td>7500</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	J SAND	7483	7500																								
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## Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 7408 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 100 sks cmt from 1272 ft. to 931 ft. Plug Type: ANNULUS Plug Tagged: ☐  
Set 35 sks cmt from 1272 ft. to 931 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 6553 ft. with 40 sacks. Leave at least 100 ft. in casing 6503 CICR Depth  
Perforate and squeeze at 2510 ft. with 40 sacks. Leave at least 100 ft. in casing 2460 CICR Depth  
Perforate and squeeze at 513 ft. with 110 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: \_\_\_\_\_  
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**

403850600

WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

Stamp Upon  
Approval

Total: 0 comment(s)