



<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: 403889418</div> <div>Date Received:</div>																																											
<div>ECMC Operator Number: 47120</div> <div>Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP</div> <div>Address: P O BOX 173779</div> <div>City: DENVER State: CO Zip: 80217-</div> <div>Contact Name: Lorena Ruiz</div> <div>Phone: (970) 336-3535</div> <div>Fax:</div> <div>Email: lorena_ruiz@oxy.com</div>																																																
<div>For "Intent" 24 hour notice required, Name: Revas, Robbie Tel: (720) 661-7242</div> <div>ECMC contact: Email: robbie.revas@state.co.us</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 05-123-21137-00</div> <div>Well Name: MLEYNEK U Well Number: 28-10 JI</div> <div>Location: QtrQtr: NWSE Section: 28 Township: 2N Range: 68W Meridian: 6</div> <div>County: WELD Federal, Indian or State Lease Number:</div> <div>Field Name: WATTENBERG Field Number: 90750</div>																																																
<div>Only Complete the Following Background Information for Intent to Abandon</div> <div>Latitude: 40.108170 Longitude: -105.005850</div> <div>GPS Data: GPS Quality Value: 1.8 Type of GPS Quality Value: Date of Measurement: 04/17/2007</div> <div>Reason for Abandonment: <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Production Sub-economic <input type="checkbox"/> Mechanical Problems</div> <div><input type="checkbox"/> Other</div> <div>Casing to be pulled: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Estimated Depth: 1370</div> <div>Fish in Hole: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain details below</div> <div>Wellbore has Uncemented Casing leaks: <input type="checkbox"/> Yes <input checked="" 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>8042</td><td>8070</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	8042	8070																																			
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Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 8000 with 2 sacks cmt on top. CIBP #2: Depth 300 with 90 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>10</u> sks cmt from <u>7420</u> ft. to <u>7295</u> ft.	Plug Type: <u>CASING</u>	Plug Tagged: <input type="checkbox"/>
Set <u>5</u> sks cmt from <u>4355</u> ft. to <u>4295</u> ft.	Plug Type: <u>CASING</u>	Plug Tagged: <input type="checkbox"/>
Set <u>45</u> sks cmt from <u>2130</u> ft. to <u>1530</u> ft.	Plug Type: <u>CASING</u>	Plug Tagged: <input type="checkbox"/>
Set <u>90</u> sks cmt from <u>300</u> ft. to <u>0</u> ft.	Plug Type: <u>CASING</u>	Plug Tagged: <input type="checkbox"/>
Set _____ sks cmt from _____ ft. to _____ ft.	Plug Type: _____	Plug Tagged: <input type="checkbox"/>

Perforate and squeeze at 7450 ft. with 90 sacks. Leave at least 100 ft. in casing 7420 CICR Depth

Perforate and squeeze at 4385 ft. with 95 sacks. Leave at least 100 ft. in casing 4355 CICR Depth

Perforate and squeeze at 2130 ft. with 145 sacks. Leave at least 100 ft. in casing _____ CICR Depth

(Cast Iron Cement Retainer Depth)

Set 365 sacks half in. half out surface casing from 1420 ft. to 497 ft. Plug Tagged: ☐

Set 90 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:

Eagle Buffer:

This planned location is located within a bald eagle buffer. Operations will need to be completed outside the timing windows of 12/1 – 7/31 (eagle nest) and/or 11/15 – 3/15 (winter night roost). The eagle nest buffer window can be shortened if the nest has been confirmed fledged for the year by CPW. If work, is planned during either window, HSE will consult with CPW prior to operations beginning. CPW CONSULTATION HAS BEEN COMPLETED.

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

Signed: _____

Print Name: Lorena Rui

Title: Regulatory Tech

Date: _____

Email: lorena_ruiz@oxy.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

Expiration Date: _____

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

ATTACHMENT LIST

<u>Att Doc Num</u>	<u>Name</u>
403889426	PROPOSED PLUGGING PROCEDURE
403889428	WELLBORE DIAGRAM
403889433	OTHER

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)