



<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: 403928130</div> <div>Date Received:</div>																																					
<div>ECMC Operator Number: 10695</div> <div>Name of Operator: BEHRENS RESOURCES INC</div> <div>Address: PO BOX 188</div> <div>City: DEER TRAIL State: CO Zip: 80135</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, Name: Medina, Justin Tel: (720) 471-0006</div> <div>ECMC contact: Email: justin.medina@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 05-001-07876-00</div> <div>Well Name: LISCO</div> <div>Location: QtrQtr: SWNE Section: 14 Township: 3S Range: 64W Meridian: 6</div> <div>County: ADAMS</div> <div>Field Name: SONAR</div>					<div>Well Number: 14-32 (OWP)</div> <div>Federal, Indian or State Lease Number:</div> <div>Field Number: 77635</div>																																					
<div>Only Complete the Following Background Information for Intent to Abandon</div> <div>Latitude: 39.791110 Longitude: -104.515270</div> <div>GPS Data: GPS Quality Value: 4.8 Type of GPS Quality Value: Date of Measurement: 09/22/2010</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>Current and Previously Abandoned Zones</div> <table><thead><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></thead><tbody><tr><td>D SAND</td><td>7899</td><td>7909</td><td></td><td></td><td></td></tr><tr><td>J SAND</td><td>7996</td><td>8008</td><td></td><td></td><td></td></tr></tbody></table> <div>Total: 2 zone(s)</div>										Formation	Perf. Top	Perf. Btm	Abandoned Date	Method of Isolation	Plug Depth	D SAND	7899	7909				J SAND	7996	8008																		
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Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 7824 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 <u>40</u> sks cmt from <u>1743</u> ft. to <u>1643</u> ft.	Plug Type: <u>ANNULUS</u>	Plug Tagged: <input type="checkbox"/>
Set <u>35</u> sks cmt from <u>1643</u> ft. to <u>1377</u> ft.	Plug Type: <u>CASING</u>	Plug Tagged: <input type="checkbox"/>
Set <u>70</u> sks cmt from <u>974</u> ft. to <u>628</u> ft.	Plug Type: <u>ANNULUS</u>	Plug Tagged: <input type="checkbox"/>
Set <u>50</u> sks cmt from <u>974</u> ft. to <u>628</u> ft.	Plug Type: <u>CASING</u>	Plug Tagged: <input checked="" type="checkbox"/>
Set _____ sks cmt from _____ ft. to _____ ft.	Plug Type: _____	Plug Tagged: <input type="checkbox"/>

Perforate and squeeze at 7058 ft. with 40 sacks. Leave at least 100 ft. in casing 7008 CICR Depth
Perforate and squeeze at 4600 ft. with 40 sacks. Leave at least 100 ft. in casing 4550 CICR Depth
Perforate and squeeze at 2890 ft. with 40 sacks. Leave at least 100 ft. in casing 2840 CICR Depth
(Cast Iron Cement Retainer Depth)

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

Set 70 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:

Ran out of space on Plugging Procedure tab.
Surface plug : Perf at 217', pump 70 sx through perfs to surface.

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
0 COA	

ATTACHMENT LIST

Att Doc Num

Name

403928281

WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)