


FORM 6 Rev 11/20	State of Colorado Energy & Carbon Management Commission				<table><tr><td>DE</td><td>ET</td><td>OE</td><td>ES</td></tr></table>				DE	ET	OE	ES
	DE	ET	OE	ES								
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109				Document Number: 403922355  Date Received:								
WELL ABANDONMENT REPORT												
<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>												
ECMC Operator Number: 10633				Contact Name: Derek Clark								
Name of Operator: CRESTONE PEAK RESOURCES OPERATING LLC				Phone: (720) 270-4921								
Address: 555 17TH STREET SUITE 3700				Fax:								
City: DENVER		State: CO		Zip: 80202		Email: declark@civiresources.com						
For "Intent" 24 hour notice required,				Name: Revas, Robbie		Tel: (720) 661-7242						
ECMC contact:				Email: robbie.revas@state.co.us								
Type of Well Abandonment Report: <input checked="" type="checkbox"/> Notice of Intent to Abandon <input type="checkbox"/> Subsequent Report of Abandonment												
API Number 05-123-22668-00												
Well Name: RASMUSSEN				Well Number: 22-28								
Location: QtrQtr: SENW		Section: 28		Township: 2N		Range: 68W Meridian: 6						
County: WELD				Federal, Indian or State Lease Number:								
Field Name: WATTENBERG				Field Number: 90750								
Only Complete the Following Background Information for Intent to Abandon												
Latitude: 40.111515		Longitude: -105.011278										
GPS Data: GPS Quality Value: 1.5		Type of GPS Quality Value: PDOP			Date of Measurement: 06/04/2009							
Reason for Abandonment: <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Production Sub-economic <input type="checkbox"/> Mechanical Problems												
<input type="checkbox"/> Other P&A due to OOSPL												
Casing to be pulled: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Estimated Depth: 3000										
Fish in Hole: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, explain details below										
Wellbore has Uncemented Casing leaks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, explain details below										
Details:												
Current and Previously Abandoned Zones												
Formation		Perf. Top		Perf. Btm		Abandoned Date		Method of Isolation		Plug Depth		
J SAND		8010		8030								
Total: 1 zone(s)												
Casing History												
Casing Type	Size of Hole	Size of Casing	Grade	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top	Status		
SURF	12+1/4	8+5/8	N/A	24	0	721	500	721	0	CALC		
1ST	7+7/8	4+1/2	N/A	11.6	0	8136	245	8136	6500	CBL		
S.C. 2.1						5154	275	5154	3900	CBL		

## Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 7925 with 2 sacks cmt on top. CIBP #2: Depth 7300 with 2 sacks cmt on top.  
CIBP #3: Depth 4250 with 2 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 83 sks cmt from 3100 ft. to 2800 ft. Plug Type: STUB PLUG 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: ☐  
Set \_\_\_\_\_ sks cmt from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Plug Type: \_\_\_\_\_ Plug Tagged: ☐  
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  
Perforate and squeeze at \_\_\_\_\_ ft. with \_\_\_\_\_ sacks. Leave at least 100 ft. in casing \_\_\_\_\_ CICR Depth  
(Cast Iron Cement Retainer Depth)

Set 240 sacks half in. half out surface casing from 771 ft. to 0 ft. Plug Tagged: ☐  
Set 10 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:

This location is not within a HPH area. CPW consultation not required.  
Proposed WBD Attached

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

Signed: \_\_\_\_\_ Print Name: Aubrey Noonan  
Title: Sr. Regulatory Analyst Date: \_\_\_\_\_ Email: regulatory@civiresources.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: \_\_\_\_\_

#### COA Type Description

0 COA	

**ATTACHMENT LIST**

**Att Doc Num**

**Name**

403926693

WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)