



<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: 403937374</div> <div>Date Received:</div>																																	
<table><tr><td>ECMC Operator Number: 1</td><td>Contact Name: Richard Murray</td></tr><tr><td>Name of Operator: UNKNOWN</td><td>Phone: (970) 989-3092</td></tr><tr><td>Address: XXXXXXXXXXXXXXXXXXXX</td><td>Fax:</td></tr><tr><td>City: XXXXX State: XX Zip:</td><td>Email: G.Richard.Murray@state.co.us</td></tr></table> <div><div>For "Intent" 24 hour notice required,</div><div>ECMC contact:</div><div>Name: Tel:</div><div>Email:</div></div>				ECMC Operator Number: 1	Contact Name: Richard Murray	Name of Operator: UNKNOWN	Phone: (970) 989-3092	Address: XXXXXXXXXXXXXXXXXXXX	Fax:	City: XXXXX State: XX Zip:	Email: G.Richard.Murray@state.co.us																									
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<div>Date Run: 9/27/2024 Doc [#403937374] Well Name: CALUP 14 (OWP)</div> <div>Page 1 of 3</div>																																				

Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth _____ with _____ 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 40 sks cmt from 605 ft. to 465 ft. Plug Type: OPEN HOLE Plug Tagged: ☒
Set 70 sks cmt from 465 ft. to 90 ft. Plug Type: OPEN HOLE Plug Tagged: ☒
Set 40 sks cmt from 90 ft. to 4 ft. Plug Type: OPEN HOLE 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
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(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: 0 ft. of _____ inch casing Number of Days from Setting Surface Plug to Capping or Sealing the Well: 5
Surface Plug Setting Date: 06/06/2024 Cut and Cap Date: 06/11/2024

*Wireline Contractor: _____ *Cementing Contractor: Snow Consulting

Type of Cement and Additives Used: _____

Flowline/Pipeline has been abandoned per Rule 1105 ☐ Yes ☐ No

Technical Detail/Comments:

This well is part of Orphan well plugging program

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

Signed: _____ Print Name: Richard Murray
Title: OWP Specialist Date: _____ Email: G.Richard.Murray@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

COA Type	Description
0 COA	

ATTACHMENT LIST

Att Doc Num

Name

403937417	SURFACE CASING CHECK
403937421	WELLBORE DIAGRAM
403937423	OPERATIONS SUMMARY

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)