



<div>FORM 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><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>Document Number: 403968617</div> <div>Date Received:</div>																																												
<div><div>ECMC Operator Number: 10633</div><div>Contact Name: Adam Conry</div><div>Name of Operator: CRESTONE PEAK RESOURCES OPERATING LLC</div><div>Phone: (303) 883-3351</div><div>Address: 555 17TH STREET SUITE 3700</div><div>Fax:</div><div>City: DENVER State: CO Zip: 80202</div><div>Email: AConry@civiresources.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>																																															
<div>Type of Well Abandonment Report: <input checked="" type="checkbox"/> Notice of Intent to Abandon <input type="checkbox"/> Subsequent Report of Abandonment</div>																																															
<div><div>API Number 05-123-20524-00</div><div>Well Name: JILLSON Well Number: 12-22</div><div>Location: QtrQtr: SWNW Section: 22 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>																																															
<div>Only Complete the Following Background Information for Intent to Abandon</div> <div><div>Latitude: 40.125352 Longitude: -104.996258</div><div>GPS Data: GPS Quality Value: 1.5 Type of GPS Quality Value: PDOP Date of Measurement: 06/04/2009</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 P&amp;A due to uneconomic production</div><div>Casing to be pulled: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Estimated Depth: 3000</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>																																															
<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>7955</td><td>7982</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	7955	7982																																			
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## Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 7900 with 2 sacks cmt on top. CIBP #2: Depth 7175 with 2 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 85 sks cmt from 5250 ft. to 4200 ft. Plug Type: CASING Plug Tagged: ☐  
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: ☐  
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Set \_\_\_\_\_ sks cmt from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Plug Type: \_\_\_\_\_ Plug Tagged: ☐

Perforate and squeeze at 5300 ft. with 45 sacks. Leave at least 100 ft. in casing 5250 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 212 sacks half in. half out surface casing from 678 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  
Surface Plug Setting Date: \_\_\_\_\_ Cut and Cap Date: \_\_\_\_\_ 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:

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

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	
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**ATTACHMENT LIST**

**Att Doc Num**

**Name**

403971817

WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)