



## OUT OF SERVICE WELLS REPORT

**Rule 434.d. Out of Service Designation and Plugging List.** An Operator will designate a Well as Out of Service on a Form 6A, Out of Service Designation, and the Out of Service Well is then placed on the Operator's Plugging List.

## CONTACT INFORMATION

ECMC Operator Number: 81480	Contact Name and Telephone:
Name of Operator: THOMAS L SPRING LLC	Name: Kathleen Spring
Address: 7400 E ORCHARD RD STE 106-S	Phone: (303) 771-1889
City: GREENWOOD VILLAGE State: CO Zip: 80111	Email: kathleenspring3@gmail.com

## OUT OF SERVICE WELLS

Annual Out of Service Wells Report for Calendar Year: 2023

## Report Summary

Total Out of Service Wells #	
Valid Data #	
Data with Errors #	0

Summaries Below are for Valid Data ONLY

	Not Started	In Progress	Complete
Electric Service Terminated	0	0	0
Lines & Equipment Purged	0	0	0
Surface Equipment Removed	0	0	0
OOSLAT Applied	0	0	0
Plug and Abandon Status	0	0	0

Plug and Abandon Status for Categories of Interest*	Not Started	In Progress	Complete	Total
Within 2000' of a School Facility	0	0	0	0
Within 2000' of a Child Care Center	0	0	0	0
Within 2000' of a High Occupancy Building Unit	0	0	0	0
Within 2000' of a Residential Building Unit within a Disproportionately Impacted Community	0	0	0	0
Within High Priority Habitat	0	0	0	0
Detected Leak on Operator's CDPHE/AQCC Reg 7 Delayed Repair List	0	0	0	0

\*Please note individual wells may fall into more than one Category of Interest

Describe the Operator's compliance with the timelines in Rule434.d.(4).

We have 4 more wells on our OOS list to plug by 2027. We have a Form 6-I approved for the State Bock and plan on plugging that well in late Spring/early Summer. We also plan on plugging a second well late Fall/early Winter of 2024. That leaves only 2 wells left on our OOS list to plug before 2027. We plan on plugging at least one well each year if not two in one year. In addition to plugging these wells, we are working on having our previously plugged wells pass final inspection for reclamation. We hired a reclamation specialist to inspect and evaluate our locations and upon her recommendation, submitted two Form 4 Sundry's for Final Reclamation complete. The two Form 4's were for the Ward #1-30 and Warne Templin #1-29, both submitted on 10/24/23.

#### **OPERATOR COMMENT AND SUBMITTAL**

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

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Print Name: Kathleen Spring

Email: kathleenspring3@gmail.com

Title: Manager

Date: 03/27/2024

#### **CONDITIONS OF APPROVAL, IF ANY LIST**

##### **COA Type**

##### **Description**

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Total: 0 COA

#### **General Comments**

##### **User Group**

##### **Comment**

##### **Comment Date**

Engineer	This was the first required annual report. Future submissions of the Form 6B will document progress of the plugging operations of wells that have been designated as Out of Service.	12/12/2024
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Total: 1 comment(s)

#### **ATTACHMENT LIST**

##### **Att Doc Num**

##### **Name**

403718089	Form 06B SUBMITTED
403733336	EDD-WELLS
404026346	EDD-WELLS-REVIEW

Total Attach: 3 Files