

FORM
6Rev
11/20

State of Colorado

Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

404102638

Date Received:

WELL ABANDONMENT REPORT

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.

| | | | |
|---------------------------------------|-----------------------------|---------------|----------------------------------|
| ECMC Operator Number: | 10699 | Contact Name: | James Krehmeyer |
| Name of Operator: | OWN RESOURCES OPERATING LLC | Phone: | (970) 332-3585 |
| Address: | 305 S RIDGE STREET #6279 | Fax: | |
| City: | BRECKENRIDGE | State: | CO |
| Zip: | 80424 | Email: | james.krehmeyer@ownresources.com |
| For "Intent" 24 hour notice required, | | Name: | Carlile, Craig |
| | | Tel: | (970) 629-8279 |
| ECMC contact: | | Email: | craig.carlile@state.co.us |

Type of Well Abandonment Report: ☒ Notice of Intent to Abandon ☐ Subsequent Report of Abandonment

| | | | | | | |
|-------------|-----------------|------|--|--------------|-----------|-----|
| API Number | 05-125-07707-00 | | | Well Number: | 42-31 | |
| Well Name: | MOELLENBERG | | | | | |
| Location: | QtrQtr: | SENE | Section: | 31 | Township: | 4S |
| | | | | | Range: | 43W |
| | | | | | Meridian: | 6 |
| County: | YUMA | | Federal, Indian or State Lease Number: | | | |
| Field Name: | BONNY | | Field Number: | 7325 | | |

Only Complete the Following Background Information for Intent to Abandon

| | | | | | |
|---------------------------------------|------------------------------|---|--|----------------------|------------|
| Latitude: | 39.668093 | Longitude: | -102.218065 | | |
| GPS Data: | GPS Quality Value: | 3.2 | Type of GPS Quality Value: | Date of Measurement: | 09/17/2009 |
| Reason for Abandonment: | <input type="checkbox"/> Dry | <input checked="" type="checkbox"/> Production Sub-economic | <input type="checkbox"/> Mechanical Problems | | |
| <input type="checkbox"/> Other | | | | | |
| Casing to be pulled: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Estimated Depth: | | |
| Fish in Hole: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, explain details below | | |
| Wellbore has Uncemented Casing leaks: | <input type="checkbox"/> Yes | <input 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 |
|------------------|-----------|-----------|----------------|---------------------|------------|
| NIOBRARA | 1592 | 1629 | | | |
| 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 | 9+7/8 | 7 | j-55 | 23 | 0 | 370 | 175 | 370 | 0 | VISU |
| 1ST | 6+1/4 | 4+1/2 | j-55 | 9.5 | 0 | 1753 | 60 | 1753 | 470 | CBL |

Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 1542 with 2 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 _____ 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: ☐
Set _____ sks cmt from _____ ft. to _____ ft. Plug Type: _____ Plug Tagged: ☐

Perforate and squeeze at 420 ft. with 120 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 _____ 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: _____ ft. of _____ inch casing

Surface Plug Setting Date: _____ Cut and Cap Date: _____ Number of Days from Setting Surface Plug 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:

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

Signed: _____

Print Name: Pat Dolezal

Title: Regulatory Specialist

Date: _____

Email: pat.dolezal@ownresources.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

| | |
|-----------|-----------------------------|
| 404102663 | PROPOSED PLUGGING PROCEDURE |
| 404102664 | WELLBORE DIAGRAM |

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

| | | |
|--|--|------------------------|
| | | Stamp Upon Approval |
|--|--|------------------------|

Total: 0 comment(s)