

**Replug By Other Operator**

Document Number:  
404203180

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: 66190 Contact Name: Deborah Abrams  
 Name of Operator: OMIMEX PETROLEUM INC Phone: (303) 8942100  
 Address: 100 CRESCENT CT SUITE700-#5528 Fax: \_\_\_\_\_  
 City: DALLAS State: TX Zip: 75201 Email: deborah.abrams@state.co.us

**For "Intent" 24 hour notice required,** Name: St John, William (Cal) Tel: (720) 545-5624  
 ECMC contact: Email: cal.stjohn@state.co.us

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

API Number 05-125-09957-00  
 Well Name: BLEDSOE Well Number: 14-19-5-44  
 Location: QtrQtr: SESW Section: 19 Township: 5N Range: 44W Meridian: 6  
 County: YUMA Federal, Indian or State Lease Number: \_\_\_\_\_  
 Field Name: BALLYNEAL Field Number: 1970

*Only Complete the Following Background Information for Intent to Abandon*

Latitude: 40.381980 Longitude: -102.313040  
 GPS Data: GPS Quality Value: 2.1 Type of GPS Quality Value: \_\_\_\_\_ Date of Measurement: 08/07/2006

Reason for Abandonment:  Dry  Production Sub-economic  Mechanical Problems  
 Other OWP

Casing to be pulled:  Yes  No Estimated Depth: \_\_\_\_\_  
 Fish in Hole:  Yes  No If yes, explain details below  
 Wellbore has Uncemented Casing leaks:  Yes  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         | 2420      | 2456      |                |                     |            |
| 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              | UNK   | UNK   | 0             | 473           | 160       | 473     | 0       | VISU   |
| 1ST         | 6+1/4        | 4+1/2          | UNK   | UNK   | 0             | 2673          | 75        | 2673    | 1860    | CBL    |

## Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 2345 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 1200 ft. with 30 sacks. Leave at least 100 ft. in casing \_\_\_\_\_ CICR Depth  
 Perforate and squeeze at 100 ft. with 30 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 30 sacks half in. half out surface casing from 522 ft. to 422 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 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:

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

Signed: \_\_\_\_\_ Print Name: Deborah Abrams  
 Title: OWP Date: \_\_\_\_\_ Email: deborah.abrams@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

Expiration Date: \_\_\_\_\_

| <u>COA Type</u> | <u>Description</u> |
|-----------------|--------------------|
| 0 COA           |                    |

**ATTACHMENT LIST**

| <b><u>Att Doc Num</u></b> | <b><u>Name</u></b> |
|---------------------------|--------------------|
| 404203184                 | WELLBORE DIAGRAM   |

Total Attach: 1 Files

**General Comments**

| <b><u>User Group</u></b> | <b><u>Comment</u></b> | <b><u>Comment Date</u></b> |
|--------------------------|-----------------------|----------------------------|
|                          |                       | Stamp Upon Approval        |

Total: 0 comment(s)