

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.

Document Number:
 404259259
 Date Received:

ECMC Operator Number: 10670 Contact Name: Rachel Milne
 Name of Operator: BISON IV OPERATING LLC Phone: (720) 3708580
 Address: 518 17TH STREET SUITE 1800 Fax: _____
 City: DENVER State: CO Zip: 80202 Email: rmlne@bisonog.com
For "Intent" 24 hour notice required, Name: Petrie, Erica Tel: (303) 726-3822
ECMC contact: Email: erica.petrie@state.co.us

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

API Number 05-123-14360-00
 Well Name: KEOTA Well Number: 1
 Location: QtrQtr: NESW Section: 14 Township: 7N Range: 60W Meridian: 6
 County: WELD Federal, Indian or State Lease Number: _____
 Field Name: LADY K Field Number: 47680

Only Complete the Following Background Information for Intent to Abandon

Latitude: 40.573276 Longitude: -104.062541
 GPS Data: GPS Quality Value: _____ Type of GPS Quality Value: _____ Date of Measurement: _____
 Reason for Abandonment: Dry Production Sub-economic Mechanical Problems
 Other Replug
 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

Total: 0 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	12+1/4	8+5/8	NA	24	0	222	200	222	0	VISU
OPEN HOLE	7+7/8				222	6950				

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 32 sks cmt from 6835 ft. to 6735 ft. Plug Type: OPEN HOLE Plug Tagged:
Set 100 sks cmt from 6176 ft. to 5876 ft. Plug Type: OPEN HOLE Plug Tagged:
Set 45 sks cmt from 1512 ft. to 1362 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 100 sacks half in. half out surface casing from 430 ft. to 0 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: Rachel Milne
Title: Regulatory Manager Date: _____ Email: rmilne@bisonog.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: _____

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

ATTACHMENT LIST

<u>Att Doc Num</u>	<u>Name</u>
404259288	WELLBORE DIAGRAM
404259290	WELLBORE DIAGRAM
404259295	PROPOSED PLUGGING PROCEDURE
404263991	SURFACE OWNER CONSENT
404263994	LOCATION PHOTO

Total Attach: 5 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)