

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

Replug By Other Operator

Document Number:

404259259

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: 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: rmilne@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 ReplugCasing to be pulled: ☐ Yes ☐ No Estimated Depth:Fish in Hole: ☐ Yes ☐ No If yes, explain details belowWellbore 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: | <input type="checkbox"/> |
| Set | 100 | sks cmt from | 6176 | ft. to | 5876 | ft. | Plug Type: | OPEN HOLE | Plug Tagged: | <input type="checkbox"/> |
| Set | 45 | sks cmt from | 1512 | ft. to | 1362 | ft. | Plug Type: | OPEN HOLE | Plug Tagged: | <input checked="" type="checkbox"/> |
| Set | | sks cmt from | | ft. to | | ft. | Plug Type: | | Plug Tagged: | <input type="checkbox"/> |
| Set | | sks cmt from | | ft. to | | ft. | Plug Type: | | Plug Tagged: | <input type="checkbox"/> |

| | | | | | | |
|--------------------------|--|----------|--|---|--|------------|
| 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 |
| 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 |
| 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 |
| 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 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

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: 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)