

Replug By Other Operator

Document Number:

404331210

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: 47120 Contact Name: Candice Barber
 Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (307) 233-4513
 Address: P O BOX 173779 Fax: _____
 City: DENVER State: CO Zip: 80217- Email: candice_barber@oxy.com

For "Intent" 24 hour notice required, Name: _____ Tel: _____
 Email: _____
ECMC contact:

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

API Number 05-123-10359-00
 Well Name: CHRISTENSEN Well Number: 6-9
 Location: QtrQtr: NESE Section: 6 Township: 3N Range: 62W Meridian: 6
 County: WELD Federal, Indian or State Lease Number: 79-4012
 Field Name: MONAHAN LAKES Field Number: 55800

Only Complete the Following Background Information for Intent to Abandon

Latitude: 40.254537 Longitude: -104.360731
 GPS Data: GPS Quality Value: 2.2 Type of GPS Quality Value: PDOP Date of Measurement: 08/12/2025

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

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	J-55	24	0	270	200	270	0	VISU
OPEN HOLE	7+7/8				270	7048				

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 150 sks cmt from 6886 ft. to 6402 ft. Plug Type: OPEN HOLE Plug Tagged:
Set 199 sks cmt from 6379 ft. to 5639 ft. Plug Type: OPEN HOLE Plug Tagged:
Set 281 sks cmt from 4294 ft. to 3795 ft. Plug Type: OPEN HOLE Plug Tagged:
Set 200 sks cmt from 2585 ft. to 2109 ft. Plug Type: OPEN HOLE Plug Tagged:
Set 342 sks cmt from 1515 ft. to 706 ft. Plug Type: OPEN HOLE 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 340 sacks half in. half out surface casing from 500 ft. to 0 ft. Plug Tagged:
Set 2 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: 8
Surface Plug Setting Date: 08/04/2025 Cut and Cap Date: 08/12/2025

*Wireline Contractor: N/A *Cementing Contractor: SLB

Type of Cement and Additives Used: _____

Flowline/Pipeline has been abandoned per Rule 1105 Yes No

Technical Detail/Comments:

53 SACKS OF LINER CEMENT SET FROM 155' TO SURFACE

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

Signed: _____ Print Name: Candice Barber
Title: REG ANALYST Date: _____ Email: DJREGULATORY@OXY.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

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

ATTACHMENT LIST

<u>Att Doc Num</u>	<u>Name</u>
404331232	OPERATIONS SUMMARY
404331233	OTHER
404331234	WELLBORE DIAGRAM
404331236	CEMENT JOB SUMMARY

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)