FORM 6 Rev 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

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Document Number: 403613714

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: 46290 Contact Name: Lily Clark

Name of Operator: KP KAUFFMAN COMPANY INC Phone: (303) 8254822

Address: 1700 LINCOLN ST STE 4550 Fax:

City: DENVER State: CO Zip: 80203 Email: lclark@kpk.com

For "Intent" 24 hour notice required, ECMC contact: Name: Revas, Robbie Tel: (720) 661-7242 Email: robbie.revas@state.co.us

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

API Number 05-123-09467-00

Well Name: STATE Well Number: 16

Location: QtrQtr: NWSE Section: 36 Township: 2N Range: 68W Meridian: 6

County: WELD Federal, Indian or State Lease Number:

Field Name: SPINDLE Field Number: 77900

Only Complete the Following Background Information for Intent to Abandon

Latitude: 40.093580 Longitude: -104.949060

GPS Data: GPS Quality Value: 5.9 Type of GPS Quality Value: Date of Measurement: 03/06/2007

Reason for Abandonment: ☐ Dry ☐ Production Sub-economic ☐ Mechanical Problems

☒ Other Developer Agreement

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
SHANNON	5078	5102			
SUSSEX	4660	4712			

Total: 2 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	808	350	808	0	VISU
1ST	7+7/8	4+1/2	J-55	10.5	0	5240	450	5240	2968	CALC

Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 5028 with 2 sacks cmt on top. CIBP #2: Depth 4610 with 2 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
8	3010	2910		CASING	☐
67	858	0		CASING	☐
					☐
					☐
					☐

Perforate and squeeze at (ft.)	with (sacks)		CICR Depth
8	30	sacks. Leave at least 100 ft. in casing	
		sacks. Leave at least 100 ft. in casing	
		sacks. Leave at least 100 ft. in casing	
		sacks. Leave at least 100 ft. in casing	
		sacks. Leave at least 100 ft. in casing	
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(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: Lily Clark

Title: Director of Engineering Date: ____ Email: lclark@kpk.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
403613721	WELLBORE DIAGRAM
404346433	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)