



OUT OF SERVICE WELLS REPORT

Rule 434.d. Out of Service Designation and Plugging List. An Operator will designate a Well as Out of Service on a Form 6A, Out of Service Designation, and the Out of Service Well is then placed on the Operator's Plugging List.

CONTACT INFORMATION

ECMC Operator Number: <u>41550</u>	Contact Name and Telephone:
Name of Operator: <u>TYLER ROCKIES EXPLORATION LTD</u>	Name: <u>Pamela Greer</u>
Address: <u>P O BOX 119</u>	Phone: <u>(903) 3434926</u>
City: <u>TYLER</u> State: <u>TX</u> Zip: <u>75710-0119</u>	Email: <u>pgreer@karisresources.net</u>

OUT OF SERVICE WELLS

Annual Out of Service Wells Report for Calendar Year: 2024

Report Summary

Total Out of Service Wells # _____
Valid Data # _____
Data with Errors # 0

Summaries Below are for Valid Data ONLY

	Not Started	In Progress	Complete
Electric Service Terminated	<u>0</u>	<u>0</u>	<u>0</u>
Lines & Equipment Purged	<u>0</u>	<u>0</u>	<u>0</u>
Surface Equipment Removed	<u>0</u>	<u>0</u>	<u>0</u>
OOSLAT Applied	<u>0</u>	<u>0</u>	<u>0</u>
Plug and Abandon Status	<u>0</u>	<u>0</u>	<u>0</u>

Plug and Abandon Status for Categories of Interest*	Not Started	In Progress	Complete	Total
Within 2000' of a School Facility	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Within 2000' of a Child Care Center	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Within 2000' of a High Occupancy Building Unit	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Within 2000' of a Residential Building Unit within a Disproportionately Impacted Community	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Within High Priority Habitat	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Detected Leak on Operator's CDPHE/AQCC Reg 7 Delayed Repair List	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

*Please note individual wells may fall into more than one Category of Interest

Describe the Operator's compliance with the timelines in Rule434.d.(4).

OPERATOR COMMENT AND SUBMITTAL

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

Print Name: Pamela Greer Email: pgreer@karisresources.net

Title: Agent Date: 03/28/2025

CONDITIONS OF APPROVAL, IF ANY LIST

<u>COA Type</u>	<u>Description</u>
	For all future Form 6B submissions, provide a detailed comment in the text box labeled "Describe the Operator's compliance with the timelines in Rule434.d.(4)" on the Out of Service Wells Report tab. This comment should contemplate costs to complete Out of Service Well list plug and abandonment requirements. Acknowledge the amount of Financial Assurance on file with ECMC. Describe goals and timeline plans. Summarize progress and how what has been accomplished aligns with completing the program on time.

Total: 1 COA

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Operator has not plugged any of their 5 wells that have been designated as OOS.	11/26/2025

Total: 1 comment(s)

ATTACHMENT LIST

<u>Att Doc Num</u>	<u>Name</u>
404144774	Form 06B SUBMITTED
404144777	EDD-WELLS
404452501	EDD-WELLS-REVIEW

Total Attach: 3 Files