

FORM
6
Rev
11/20

State of Colorado
Energy & Carbon Management Commission



DE	ET	OE	ES
----	----	----	----

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109

Replug By Other Operator

Document Number:

404462697

Date Received:

12/15/2025

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: 10633 Contact Name: Trey Sloan
 Name of Operator: CRESTONE PEAK RESOURCES OPERATING LLC Phone: (918) 534-6637
 Address: 555 17TH STREET SUITE 3700 Fax: _____
 City: DENVER State: CO Zip: 80202 Email: tsloan@civiresources.com

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

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

API Number 05-005-06590-00
 Well Name: AIRLINE ROAD- STATE Well Number: 15-12
 Location: QtrQtr: SWSE Section: 12 Township: 5S Range: 65W Meridian: 6
 County: ARAPAHOE Federal, Indian or State Lease Number: 70/8271-S
 Field Name: WILDCAT Field Number: 99999

Only Complete the Following Background Information for Intent to Abandon

Latitude: 39.625522 Longitude: -104.611125
 GPS Data: GPS Quality Value: 0.0 Type of GPS Quality Value: PDOP Date of Measurement: 11/19/2025
 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	N/A	24	0	190	150	190	0	VISU
OPEN HOLE	7+7/8				190	8603				

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 120 sks cmt from 7750 ft. to 7500 ft. Plug Type: OPEN HOLE Plug Tagged:
Set 150 sks cmt from 3200 ft. to 2852 ft. Plug Type: OPEN HOLE Plug Tagged:
Set 450 sks cmt from 2170 ft. to 1391 ft. Plug Type: OPEN HOLE Plug Tagged:
Set 560 sks cmt from 1391 ft. to 550 ft. Plug Type: OPEN HOLE 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
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 780 sacks half in. half out surface casing from 550 ft. to 0 ft. Plug Tagged:
Set 10 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: 14
Surface Plug Setting Date: 11/05/2025 Cut and Cap Date: 11/19/2025

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

Type of Cement and Additives Used: G Neat, 1K E-Thixo

Flowline/Pipeline has been abandoned per Rule 1105 Yes No

Technical Detail/Comments:

ECMC Area Engineer was contacted and operator got approval for all re-entry wells on this pad to modify plugging procedures for surface casing plugs. See attached.

Gyro was run during operations on 11/03/2025. Please see attached data survey.

Operator used secondary containment for all tanks and other liquid containment.

The GPS data within the form has been updated to reflect as-drilled well location.

Form 42 was submitted prior to plugging operations, Form 42 Doc #404408200. Form 42 was submitted prior to MIRU for plugging operations, Form 42 Doc #404408227.

No fluids or gas migration was present prior to surface casing shoe plug being set. The plug was cemented to surface with 780 sacks of cement from 550' - 0' with an additional 10 sks of cement at surface.

At least 100' of cement was left in the wellbore for each plug.

After cut prior to cap, Operator verified isolation by a 15 minute bubble test and no flow was observed.

This form 6-SRA addresses all COA's from the Form 6-NOIA.

Attached to this form:

1. Cement tickets
2. Operations summary
3. Final P&A WBD
4. ECMC Correspondence
5. Gyro Survey

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

Signed: _____ Print Name: Aubrey Noonan

Title: Sr. Regulatory Analyst Date: 12/15/2025 Email: regulatory@civiresources.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: Jacobson, Eric Date: 12/18/2025

CONDITIONS OF APPROVAL, IF ANY LIST

COA Type	Description
0 COA	

ATTACHMENT LIST

Att Doc Num	Name
404462697	FORM 6 SUBSEQUENT SUBMITTED
404470916	CEMENT JOB SUMMARY
404470937	CORRESPONDENCE
404470956	GYRO SURVEY
404470989	WELLBORE DIAGRAM
404470990	OPERATIONS SUMMARY

Total Attach: 6 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)