

**Replug By Other Operator**

Document Number:  
 404514005

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: 10773 Contact Name: Sydney Smith

Name of Operator: FUNDARE RESOURCES OPERATING COMPANY Phone: (303) 910-4511

Address: 5251 DTC PKWY STE 950 Fax: \_\_\_\_\_

City: GREENWOOD State: CO Zip: 80111 Email: ssmith@fundareresources.com

**For "Intent" 24 hour notice required,** Name: \_\_\_\_\_ Tel: \_\_\_\_\_

**ECMC contact:** Email: \_\_\_\_\_

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

API Number 05-123-05747-00

Well Name: NELSON Well Number: 1

Location: QtrQtr: SESE Section: 26 Township: 10N Range: 59W Meridian: 6

County: WELD Federal, Indian or State Lease Number: \_\_\_\_\_

Field Name: WILDCAT Field Number: 99999

*Only Complete the Following Background Information for Intent to Abandon*

Latitude: 40.803603 Longitude: -103.938821

GPS Data: GPS Quality Value: 1.2 Type of GPS Quality Value: PDOP Date of Measurement: 10/31/2025

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
NIOBRARA			10/07/1959	CEMENT	121

Total: 1 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	121	150	121	0	VISU

## 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	5984	ft. to	5486	ft.	Plug Type: OPEN HOLE	Plug Tagged: <input type="checkbox"/>
Set	120	sks cmt from	2515	ft. to	2107	ft.	Plug Type: OPEN HOLE	Plug Tagged: <input type="checkbox"/>
Set	220	sks cmt from	1829	ft. to	8090	ft.	Plug Type: OPEN HOLE	Plug Tagged: <input type="checkbox"/>
Set	420	sks cmt from	800	ft. to	0	ft.	Plug Type: OPEN HOLE	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 \_\_\_\_\_ sacks half in. half out surface casing from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Plug Tagged:

Set 22 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: 12/06/2025 Cut and Cap Date: 02/05/2026 Number of Days from Setting Surface Plug to Capping or Sealing the Well: 61

\*Wireline Contractor: \_\_\_\_\_ \*Cementing Contractor: \_\_\_\_\_

Type of Cement and Additives Used: \_\_\_\_\_

Flowline/Pipeline has been abandoned per Rule 1105  Yes  No

**Technical Detail/Comments:**

The Operator affirms that all Conditions of Approval (COAs) associated with the approved NOIA have been fully satisfied, as outlined below:

All plugs and squeezes were placed in accordance with the Plugging Procedure in the approved NOIA. Any deviations from the original plugging procedure were discussed with ECMC Engineer Steve Wolfe and approved prior to commencing operations.

The wellbore was static prior to cement placement. Cement plugs met minimum length requirements, appropriate wait-on-cement times were observed, plugs were tagged where required.

A minimum fifty (50) foot surface cement plug was placed and circulated to surface across all strings. Final isolation was verified prior to capping by a fifteen (15) minute bubble test.

Adequate wait-on-cement time was observed for all plugs. No previously unreported pressure or fluid migration was encountered.

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

Signed: \_\_\_\_\_

Print Name: Sydney Smith

Title: Director EHSR

Date: \_\_\_\_\_

Email: ssmith@fundareresources.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**

<b>COA Type</b>	<b>Description</b>
0 COA	

**ATTACHMENT LIST**

<b>Att Doc Num</b>	<b>Name</b>
404514070	CEMENT JOB SUMMARY
404514071	CEMENT JOB SUMMARY
404514072	CEMENT JOB SUMMARY
404514073	CEMENT JOB SUMMARY
404514074	CEMENT JOB SUMMARY
404514076	CEMENT JOB SUMMARY
404514088	WELLBORE DIAGRAM

Total Attach: 7 Files

**General Comments**

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

Total: 0 comment(s)