

Replug By Other Operator

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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 05-123-05734-00

Well Name: PARRETT Well Number: 1

Location: QtrQtr: NENW Section: 2 Township: 9N Range: 59W Meridian: 6

County: WELD Federal, Indian or State Lease Number: _____

Field Name: IGO CREEK Field Number: 38310

Only Complete the Following Background Information for Intent to Abandon

Latitude: 40.785340 Longitude: -103.948076

GPS Data: GPS Quality Value: 1.0 Type of GPS Quality Value: PDOP Date of Measurement: 11/13/2025

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	6854	6904	03/12/1957	CEMENT	6840

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	24	24	0	201	5	201	0	VISU
1ST	7+7/8	4+1/2	NA	11.6,9.5	905	6982	75	6982	6570	CALC
OPEN HOLE	7+7/8				201	905				

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	35	sks cmt from	1820	ft. to	1614	ft.	Plug Type:	OPEN HOLE	Plug Tagged:	<input type="checkbox"/>
Set	110	sks cmt from	1540	ft. to	791	ft.	Plug Type:	OPEN HOLE	Plug Tagged:	<input type="checkbox"/>
Set	140	sks cmt from	241	ft. to	60	ft.	Plug Type:	OPEN HOLE	Plug Tagged:	<input type="checkbox"/>
Set	64	sks cmt from	10	ft. to	0	ft.	Plug Type:	OPEN HOLE	Plug Tagged:	<input type="checkbox"/>
Set	8	sks cmt from	3	ft. to	0	ft.	Plug Type:	OPEN HOLE	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 _____ 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: 01/09/2026 Cut and Cap Date: 02/05/2026 Number of Days from Setting Surface Plug to Capping or Sealing the Well: 27

*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

COA Type	Description
0 COA	

ATTACHMENT LIST

Att Doc Num	Name
404514262	WELLBORE DIAGRAM
404514263	CEMENT JOB SUMMARY
404514264	CEMENT JOB SUMMARY
404514265	CEMENT JOB SUMMARY

Total Attach: 4 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)