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COGCC

Final Reclamation Plan for the Breeze Coal Bed Natural Gas Pilot Project

June, 2010

Brian Goodrich

307-755-3461

307-680-9633 = cell

Prepared For:



North Finn, LCC
950 Stafford
Casper, Wyoming 82609

To Be connected to water wells.

*Brump 41-18
43-18
23-17*

*To include example of
notch operate*

Prepared By:

Tommy Winick



InterTech Environmental & Engineering, LLC
3821 Beech Street
Laramie, Wyoming 82070

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- A - Breeze Facility Reclamation Map
- B - Form 6 - Well Abandonment Report
- C - Form 27 - Site Investigation and Remediation Work Plan
- D - Form 4 - Sundry Notice
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INTRODUCTION

North Finn, LLC (North Finn) is planning to plug and abandon the Breeze Coal Bed Natural Gas Pilot Project (Breeze Project) wells located in Routt County, Colorado. The project covers Sections 16, 17, 18, 19, and 20 of T6N R89W of which the State of Colorado (State) is the mineral owner with both state and private surface landowners (Attachment A – Breeze Facility Reclamation Map). North Finn has no intention to proceed with further production activities for the nine (9) constructed wells located within the facility. Therefore, North Finn has submitted Form 6 to the Colorado Oil and Gas Conservation Commission (COGCC) for approval to plug and abandon the nine (9) constructed wells (Attachment B, Form 6 – Well Abandonment Report). With COGCC Form 6 approval on July 7, 2009, North Finn will remove all associated production equipment from the well sites, proceed to plug and abandon the nine (9) wells, and remove the outfall. Interim reclamation has been completed in the areas not directly associated with natural gas production.

With COGCC approval of the Site Investigation and Remediation Workplan (Attachment C, Form 27 – Site Investigation and Remediation Work Plan), North Finn would like to relinquish all responsibility and liability to the surface landowner, Mr. Harold Earle (Attachment D, Form 4 – Sundry Notice). Mr. Earle has negotiated an agreement with North Finn to take full responsibility and liability to reclaim the nine (9) constructed well pads, well access roads, and the outfall. Under this agreement, Mr. Earle will leave three (3) constructed wells (Breeze #23-17, Breeze #43-18, Breeze #41-18) and 10 constructed evaporation ponds for beneficial use in his ranching operations.

on site owner to 43-18 and ponds
(1) in an Earle property; (3) are on SLB

FACILITY HISTORY

North Finn purchased the facility from Windsor Energy Group who had previously purchased the facility from KLT Gas Inc. (KLT). KLT drilled and completed 11 wells, and proposed two (2) additional wells shown in Table 1. According to COGCC records, KLT plugged and abandoned the Breeze #11-17 and Breeze #41-18 wells. The Well Abandonment Reports were submitted on August 20, 2004 and September 7, 2004 respectively. Final reclamation of the two (2) wells has been completed.

Table 1: Well Site - Information

WELL NAME	COGCC WELL STATUS	QQ	SEC	TWP	RGN
BREEZE #43-18	SI - N/A	NESE	18	6N	89W
BREEZE #11-20	PR - 06/05/2006	NWNW	20	6N	89W
BREEZE #23-17	PR - 04/21/2006	NESW	17	6N	89W
BREEZE #32-17	PR - 11/03/2005	SWNE	17	6N	89W
BREEZE #32-20	SI - 02/09/2006	SWNE	20	6N	89W
BREEZE #44-17	SI - 03/02/2006	SESE	17	6N	89W
BREEZE #13-16	SI - 8/24/2005	NWSW	16	6N	89W
BREEZE #22-16	SI - 8/24/2005	SENE	16	6N	89W
BREEZE #24-16	SI - 10/03/2000	SESW	16	6N	89W
BREEZE #41-18	PA - 02/06/2007	NENE	18	6N	89W
BREEZE #21-17	XX - 02/06/2007	SWSW	17	6N	89W
BREEZE #12-17	XX - 02/06/2007	NENE	17	6N	89W
BREEZE #11-17	PA - 02/06/2007	NWNW	20	6N	89W



North Finn requested an Abandoned Location designation from the COGCC for the Breeze #41-18 on November 20, 2008 and relinquished all responsibility to the surface lessee Mr. Harold Earle. Mr. Earle submitted water well permit #260490 in November 23, 2004 to the Colorado Division of Water Resources to use the produced water for irrigation and livestock. This well, Breeze #41-18, was reclaimed prior to the water well permit submittal and will not require additional reclamation activities.

North Finn submitted two (2) Applications for Permits to Drill (APD) with the COGCC in February 12, 2007 and July 18, 2007 for the Breeze #12-17 and Breeze #21-17 respectively. Subsequently following COGCC approval, the APD's were allowed to expire and the two (2) well pads were never constructed nor the wells drilled. Therefore, the wells Breeze #12-17 and Breeze #21-17 do not require any reclamation activities.

KLT's initial water management strategy was designed to discharge produced water into 10 evaporation ponds. All 10 evaporation ponds were completed and the completion report was submitted to the COGCC on January 4, 2002. According to the current operator, North Finn, the evaporation ponds received produced water for two (2) years as part of the water management strategy for the facility.

KLT applied for a Colorado National Pollution Discharge Elimination System (CNPDES) permit and was granted permit number COG-900010 that was signed effective on October 26, 2001. Thereafter, the water management plan was modified to discharge the produced water from a single outfall into the Basin Reservoir drainage. Since then, the evaporation ponds have received only snow or rain as direct precipitation.

Currently, the discharge permit is under administrative extension by the Colorado Department of Public Health and Environment (CDPHE) until the renewal application is signed. The renewal application was submitted on October 26, 2006. The discharge permit has an allocation of 0.47 MGD flow rate.

INTERIM RECLAMATION

The current Breeze facility well inventory consists of a total of nine (9) completed wells (Table 2). Interim reclamation has been completed for each of the nine (9) wells in areas not directly used for natural gas production. All drilling and completion equipment has been removed from the nine (9) well pads. Reserve pits located at the well sites have been closed in accordance with the COGCC regulations and countered to match the surrounding areas. The well pads were revegetated and the pad area was reduced to less than one (1) acre which includes the well head, production equipment, and well access. The gas and water flowlines were backfilled and were recontoured to match the surrounding areas. Good vegetative cover is currently in place.

Table 2: Well Site - Interim Reclamation

WELL NAME	Surface Owner	QQ	SEC	TWP	RGN
BREEZE #11-20	State Lease	NWNW	20	6N	89W
BREEZE #32-17	State Lease	SWNE	17	6N	89W
BREEZE #32-20	State Lease	SWNE	20	6N	89W
BREEZE #44-17	FEE	SESE	17	6N	89W
BREEZE #13-16	State Lease	NWSW	16	6N	89W
BREEZE #22-16	State Lease	SENE	16	6N	89W
BREEZE #24-16	State Lease	SESW	16	6N	89W
BREEZE #43-18	FEE	NESE	18	6N	89W
BREEZE #23-17	State Lease	NESW	17	6N	89W

PLUG AND ABANDON

North Finn is planning to plug and abandon each of the nine (9) remaining constructed wells and remove all associated production equipment located on the Breeze Project (Table 3). No further production activities, for the nine (9) wells, are anticipated and therefore, North Finn submitted Form 6 to the COGCC and received approval on July 7, 2009 to plug and abandon these wells (Attachment B). Once plug and abandonment is completed at wells Breeze #23-17 and Breeze #43-18, these wells will be converted into water wells and permitted at the landowners request for beneficial use in his ranching operations.

Table 3: Well Site - Plug and Abandon/Final Reclamation

WELL NAME	Surface Owner	QQ	SEC	TWP	RGN
BREEZE #11-20	State Lease	NWNW	20	6N	89W
BREEZE #32-17	State Lease	SWNE	17	6N	89W
BREEZE #32-20	State Lease	SWNE	20	6N	89W
BREEZE #44-17	FEE	SESE	17	6N	89W
BREEZE #13-16	State Lease	NWSW	16	6N	89W
BREEZE #22-16	State Lease	SENE	16	6N	89W
BREEZE #24-16	State Lease	SESW	16	6N	89W
BREEZE #43-18	FEE	NESE	18	6N	89W
BREEZE #23-17	State Lease	NESW	17	6N	89W

FINAL RECLAMATION

Upon COGCC Sundry approval, Mr. Earle will assume responsibility and liability for the final reclamation activities for nine (9) well sites and well site access roads located on the Breeze Project (Table 3). Since the Breeze #12-17 and Breeze #21-17 wells were proposed well locations which were never constructed, they require no reclamation. The final reclamation was previously completed for the Breeze #11-17 and Breeze #41-18 wells. These two (2) wells were plugged and abandoned, well pads recontoured, all associated production equipment removed, and revegetated.

Mr. Earle will contract reclamation activities to Mr. Bill Barnes who is an adjacent surface owner. Mr. Barnes will conduct reclamation activities which include the removal of approximately two

(2) miles of access and 2-track roads servicing the Breeze #44-17, Breeze #24-16, Breeze #13-16, and Breeze #22-16 wells (Attachment A). These wells will be plugged and abandoned, the well pads recontoured, all associated production equipment removed, and revegetated.

Water Wells

Under this reclamation plan, Mr. Earle will convert the Breeze #23-17 and Breeze #43-18 wells into water wells and leave the 10 existing evaporation ponds for beneficial use in his ranching operations. Mr. Earle submitted water well permits to the Office of the State Engineer, Colorado Division of Water Resources which were signed effective on October 7, 2009 for the Breeze #23-17 (permit #281859) and Breeze #43-18 (permit #281860). Mr. Earle’s intention is to produce water for beneficial use for irrigation and livestock (Table 4). Therefore, the two (2) wells, Breeze #23-17 and Breeze #43-18 will be plugged at the hydrocarbon producing formations and converted into water wells.

Table 4: Well Sites - Water Well Classification

WELL NAME	Surface Owner	QQ	SEC	TWP	RGN
BREEZE #43-18	FEE	NESE	18	6N	89W
BREEZE #23-17	State Lease	NESW	17	6N	89W

Well Site Reclamation

The final surface reclamation activities at the nine (9) well pads will commence once the wells have been plugged and abandoned. All associated production equipment and buildings will be dismantled and removed from the nine (9) well sites. The Well Abandonment (Form 6) and Plugging Verification Reports will include the detailed procedures used in completing the plugging of the nine (9) wells.

Reclamation of the nine (9) well pads may require surface ripping and contour earthwork to achieve final grade. Reclamation may include slope stabilization for the well pad cut and fill areas. In addition, guy line anchors will need to be removed from the four (4) corners of the well pad. Backfill will be compacted (If necessary) to achieve stabilization and will include topsoil preparation for seeding. The water and gas flow lines will be abandoned in place by purging and collecting any contents, cutting the line at depth, and capping all exposed ends. Generated E&P waste during reclamation activities will be handled under the COGCC 900 Series Rules.

Access Road Reclamation

The Breeze Facility consists of seven (7) miles of gravel based and 2-track roads located on Mr. Earle’s property, Mr. Bill Barnes property, and property owned by the State of Colorado. The gravel based and 2-track roads located in Section 17, 18, 19, and 20 will remain in use as ranching roads at the request of the surface owner. These roads were pre-existing ranch roads that were modified by the operator for access to the well pads. Approximately two (2) miles of access and 2-track roads lead to the Breeze #44-17, Breeze #24-16, Breeze # 13-16, and Breeze #22-16 wells and will be reclaimed at the request of surface owner Mr. Barnes.

The gravel based and 2-track roads leading to the wells will require the removal of the road base, ditches, and culverts. The access roads will require ripping and grading to achieve the relative contour of the surrounding area. Topsoil will be required for final contour and reseeded. BMPs will be implemented as necessary during the reclamation and revegetation process to prevent erosion.



Evaporation Ponds

Upon COGCC approval of this Reclamation Plan, North Finn would like to relinquish the 10 evaporation ponds, all responsibility, and liability to the landowner Mr. Earle. North Finn requests a variance to the COGCC Reclamation Regulations for the 10 evaporation ponds (Attachment E - Evaporation Pond Variance). Based on all available data and the knowledge of the operator, the evaporation ponds received produced water for two (2) years as was their intended purpose. North Finn will demonstrate that the contents of the 10 evaporation ponds are in compliance to the concentration levels listed in the COGCC Table 910-1 limits. Since the evaporation ponds will remain in-place, soil sampling under liner will not be possible and the contaminants of concern were reduced to compounds in ground water. Please see attached detailed Site Investigation and Remediation Workplan Form 27 for variance from the Reclamation Regulation listed in the 1000 Series rules pertaining to the 10 evaporation ponds.

Revegetation Plan

Soil Survey Description

The Natural Resource Conservation Service (NRCS) soil survey for Routt County, Colorado classifies the soil in the vicinity of the Breeze Project as predominately silty clays, loams, and fine sandy loams. The dominant soil for the Breeze facility is bulky silty clays located on 12 to 25 percent of the slopes. The area generally consists of grassland, sagebrush, and oak woodlands with several intermittent streams. The surface owners' primarily land use is pasture.

Existing Vegetation Cover

The facility and pastures are primarily covered with smooth brome (*Bromus inermis*), pubescent wheatgrass (*Agropyron trichoporum*), and alfalfa (*Medicago sativa*). Weeds are not widespread, although small patches of Canada thistle (*Cirsium arvense*), cheatgrass (*Bromus tectorum*), dalmation toadflax (*Linaria dalmatica*), leafy spurge (*Euphorbia esula L.*), and Russian thistle (*Salsola L.*) are present.

Seed Bed Preparation

Topsoil and subsoil are located on the well sites. Topsoil will be applied after disturbed areas have been rough graded and returned to relative contour. Topsoil will be prepared to ensure good seed-soil contact. The seed will be drill seeded or broadcasted and followed with a field conditioner and harrow. Soil amendments have not been used during interim reclamation and will likely not be used during final reclamation.

Seeding

All disturbed areas will be revegetated in a timely manner with a certified weed free seed mixture. The surface owners intend to seed the areas with an alfalfa and grass mixture for livestock forage. Proposed seed mixes are included below (Table 5 and 6).

Table 5: Proposed Seed Mix - Bill Barnes surface owner*

Species	Variety	Drilled Planting PLS lbs/Acre
Alfalfa	Laydak/Ranger	2
Smooth Brome	Lincoln	4
Mountain Brome	Garnet/Broman	4
Pubescent wheatgrass	Luna	4
TOTAL:		14 lbs/ac.

*Proposed seed mix only; grass species, variety and seeding rates subject to change.

Seeding will take place between October and May depending on site conditions. Seed will be planted to a depth of ¼ to ½ inch. Winter wheat, oat, or barley seed may be included to help seed feed through the drill. Seed rate will be optimized during seeding.

Table 6: Proposed Seed Mix – Harold Earle surface owner*

Species	Variety	(Broadcast) PLS lbs/Acre
Alfalfa	Laydak/Ranger	10
Smooth Brome	Lincoln	4
Pubescent wheatgrass	Luna	8
Cicer Milkvetch		6
TOTAL:		28 lbs/ac.

*Proposed seed mix only; grass species, variety and seeding rates subject to change.

Seed will be broadcast and rolled with a field conditioner using a crows foot and spring tooth harrow. Seed will be planted to a depth of ¼ to ½ inch. Seed rate will be adjusted during seeding.

Weed Management

Proper weed control measures will be necessary to ensure the establishment of a sufficient stand of vegetation and prevent the spread of weeds. Noxious weeds will be chemically controlled through areal spraying and tractor spraying by the surface owners as needed.

REFERENCES CITED

Soil Survey of Route County Area, Colorado, Parts of Rio Blanco and Routt Counties. 2007. USDA NRCS, Washington, D.C.: Available online through NRCS Web Soil Survey; <http://websoilsurvey.nrcs.usda.gov/app/WebSoilSurvey.aspx>

Surface Owners

Mr. Harold Earle
97751 E. Hwy 40
Craig, CO 81625

Mr. Bill Barnes
6940 Rd #5
Hayden, CO 81639

Colorado State Land Board
1127 Sherman Street, Suite 300
Denver, CO 80203-2206

Surface Lease

Mr. Harold Earle
97751 E. Hwy 40
Craig, CO 81625

ATTACHMENT A

Breeze Facility Reclamation Map

ATTACHMENT B

Form 6 – Well Abandonment Report



1120 Lincoln Street, Suite 801, Denver Colorado 80203 (303) 694-2100 Fax (303) 894-2106

WELL ABANDONMENT REPORT

Submit original plus one copy. This form is to be submitted as an intent whenever a plugging is planned on a borehole. The approved intent shall be valid for twelve months after the approval date after that period a new intent will be required. After the plugging is complete, this form and one copy shall again be submitted as a subsequent report of the work as actually completed.



COGCC Operator Number 63830 Name of Operator: <u>North Finn LLC.</u> Address: <u>950 Stafford</u> City: <u>Casper</u> State: <u>WY</u> Zip: <u>82609</u>		Contact Name & Telephone <u>Wayne Neumiller</u> No: <u>(307)-237-7854</u> Fax: <u>(307)-237-7628</u>	24 hour notice required, contact: <u>Dave Andrews</u> Tel: <u>970-625-2497 x1</u>																				
API Number 05-107-06201 Well Name: <u>Breeze</u> Well Number: <u>44-17</u> Location (Qtr, Sec, Twp, Rng, Meridian): <u>SESE Sec. 17 T6N R89W 6th PM</u> County: <u>Routt</u> Federal, Indian or State Lease Number: _____ Field Name <u>Breeze</u> Field Number: <u>99999</u>		Complete the Attachment Checklist <table border="1"> <tr> <td>Wellbore Diagram</td> <td><input checked="" type="checkbox"/></td> <td>Oper</td> <td>OGCC</td> </tr> <tr> <td>Cement Job Summary</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Wireline Job Summary</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </table>		Wellbore Diagram	<input checked="" type="checkbox"/>	Oper	OGCC	Cement Job Summary	<input type="checkbox"/>			Wireline Job Summary	<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>		
Wellbore Diagram	<input checked="" type="checkbox"/>	Oper	OGCC																				
Cement Job Summary	<input type="checkbox"/>																						
Wireline Job Summary	<input type="checkbox"/>																						
	<input type="checkbox"/>																						
	<input type="checkbox"/>																						

Notice of Intent to Abandon Subsequent Report of Abandonment

Only Complete the Following Background Information for Intent to Abandon

Latitude: 40.46901821 Longitude: -107.39518
 GPS Data:
 Date of Measurement: 5-7-09 PDOP Reading 5.5 Instrument Operator's Name Todd Adams

Reason for Abandonment: Dry, Production Sub-economic, Mechanical Problems, Other
 Casing to be Pulled: Yes, No Top of Casing Cement: _____
 Fish in Hole: Yes, No If yes, explain details below
 Wellbore has Uncemented Casing Leak: Yes, No If yes, explain details below
 Details: _____

Current and Previously Abandoned Zones

Formation	Perforations - Top	Perforations - Bottom	Date Abandoned	Method of Isolation (None, Squeezed, BP, Cement, etc.)	Plug Depth
ALMD	2596	2604	6-28-03	Cement squeeze 150 sks Class G	
WMFKC	3501	3554			
WMFKC	3910	3916	7-1-03	CIBP	3875

Casing History

String	Size of Hole	Size of Casing	Weight per ft	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
Surface	12 1/4	9 5/8	36	417	215	417	Surface
Production	8 3/4	7	23	4132	565	4132	680

Plugging Procedure for Intent and Subsequent Report

CIPB #1: Depth _____ with _____ sacks cmt on top. CIPB #2: Depth _____ with _____ sacks cmt on top. **NOTE: Two (2) sacks cement required on all CIBPs.**

Set 50 sks cmt from _____ ft. to 3554 ft. in Casing Open Hole Annulus
 Set _____ sks cmt from _____ ft. to _____ ft. in Casing Open Hole Annulus
 Set _____ sks cmt from _____ ft. to _____ ft. in Casing Open Hole Annulus
 Set _____ sks cmt from _____ ft. to _____ ft. in Casing Open Hole Annulus
 Set _____ sks cmt from _____ ft. to _____ ft. in Casing Open Hole Annulus

Perforate and squeeze at 467 ft. with 45 sacks Leave at least 100 ft. in casing
 Perforate and squeeze at _____ ft. with _____ sacks Leave at least 100 ft. in casing
 Perforate and squeeze at _____ ft. with _____ sacks Leave at least 100 ft. in casing
 Set 25 sacks half in, half out surface casing from 387 ft. to 467 ft.
 Set 10 sacks at surface
 Cut four feet below ground level, weld on plate 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 _____ in. casing Plugging date: _____
 *Wireline Contractor: _____ *Cementing Contractor: _____
 Type of Cement and Additives Used: _____
 *Attach job summaries.

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

Print Name Stephen Tygard Email: wyoegalefan@wyoming.com
 Signed: _____ Title: GIS Analyst Date: 07/01/09
 OGCC Approved: Kin J. Kj Title: EIT III Date: 7/7/09
 CONDITIONS OF APPROVAL, IF ANY: _____

Balanced cement plug from 3401-3554' must be tagged at least 100' above top perforation before setting to the next up hole plug in this well.



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WELL ABANDONMENT REPORT

Submit original plus one copy. This form is to be submitted as an intent whenever a plugging is planned on a borehole. The approved intent shall be valid for twelve months after the approval date after that period a new intent will be required. After the plugging is complete, this form and one copy shall again be submitted as a subsequent report of the work as actually completed.

COGCC Operator Number <u>63830</u>	Contact Name & Telephone <u>Wayne Neumiller</u>	24 hour notice required, contact: <u>Dave Andrews</u> Tel: <u>970-625-2497 x1</u>
Name of Operator: <u>North Finn LLC.</u>	No: <u>(307)-237-7854</u>	
Address: <u>950 Stafford</u>	Fax: <u>(307)-237-7828</u>	
City: <u>Casper</u> State: <u>WY</u> Zip: <u>82609</u>		
API Number <u>05-107-06207-00</u>		Complete the Attachment Checklist Oper CGCC
Well Name: <u>Breeze</u> Well Number: <u>24-16</u>		
Location (Qtr, Sec, Twp, Rng, Meridian): <u>SESW Sec. 16 T6N R89W</u>		
County: <u>Routt</u> Federal, Indian or State Lease Number: _____		
Field Name <u>Breeze</u> Field Number: <u>99999</u>		
Wellbore Diagram		X
Cement Job Summary		
Wireline Job Summary		

Notice of Intent to Abandon Subsequent Report of Abandonment

Only Complete the Following Background Information for Intent to Abandon

Latitude: 40.47000578 Longitude: -107.3820078

GPS Data: _____

Date of Measurement: 5-7-09 PDOP Reading 5.5 Instrument Operator's Name Todd Adams

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

Casing to be Pulled: Yes No Top of Casing Cement: _____

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	Perforations - Top	Perforations Bottom	Date Abandoned	Method of Isolation (None, Squeezed, BP, Cement, etc.)	Plug Depth
WMFKC	3446'	3504'			
	3794'	3810'			
ALMD	2526'	2532'	7-8-03	Squeezed with 200 sks	
WMFKC	3828'	3834'	5-14-02	Bridge Plug	3810'

Casing History

String	Size of Hole	Size of Casing	Weight per ft	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
Surface	12 1/4"	9 5/8"	36	413'	215	413'	Surface
Production	8 3/4"	7"	23	4050'	625	4050'	120'

Plugging Procedure for Intent and Subsequent Report

CIPB #1: Depth _____ with _____ sacks cmt on top. CIPB #2: Depth _____ with _____ sacks cmt on top. NOTE: Two (2) sacks cement required on all CIPBs.

Set 25 sks cmt from 3346-3446 ft. to 3504 ft. in Casing Open Hole Annulus

Set 25 sks cmt from 3794 ft. to 3810 ft. in Casing Open Hole Annulus

Set _____ sks cmt from _____ ft. to _____ ft. in Casing Open Hole Annulus

Set _____ sks cmt from _____ ft. to _____ ft. in Casing Open Hole Annulus

Set _____ sks cmt from _____ ft. to _____ ft. in Casing Open Hole Annulus

Perforate and squeeze at _____ ft. with _____ sacks Leave at least 100 ft. in casing

Perforate and squeeze at _____ ft. with _____ sacks Leave at least 100 ft. in casing

Perforate and squeeze at _____ ft. with _____ sacks Leave at least 100 ft. in casing

Set 25 sacks half in, half out surface casing from 463 ft. to 363 ft.

Set 10 sacks at surface

Cut four feet below ground level, weld on plate 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 _____ in. casing Plugging date: _____

*Wireline Contractor: _____ *Cementing Contractor: _____

Type of Cement and Additives Used: _____

***Attach job summaries.**

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

Print Name Stephen Tygard Email: wyoenglefan@wyoming.com

Signed: [Signature] Title: GIS Analyst Date: 5-28-09

OGCC Approved: [Signature] Title: EIT III Date: JUN 25 2009

CONDITIONS OF APPROVAL, IF ANY:
Balanced cement plug from 3346' - 3504' must be tagged at least 100' above top perforation before setting to the next up-hole plug in this well.



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Submit original plus one copy. This form is to be submitted as an intent whenever a plugging is planned on a borehole. The approved intent shall be valid for twelve months after the approval date after that period a new intent will be required. After the plugging is complete, this form and one copy shall again be submitted as a subsequent report of the work as actually completed.

COGCC Operator Number <u>63830</u>	Contact Name & Telephone Name of Operator: <u>North Finn LLC.</u> Address: <u>950 Stafford</u> City: <u>Casper</u> State: <u>WY</u> Zip: <u>82609</u>	Wayne Neumiller No: <u>(307)-237-7854</u> Fax: <u>(307)-237-7628</u>	24 hour notice required, contact: <u>Dave Andrews</u> Tel: <u>370-625-2497 x 2</u>									
API Number <u>05-107-06205</u>	Well Name: <u>Breeze</u> Well Number: <u>13-16</u>	Location (Qtr, Sec, Twp, Rng, Meridian): <u>NWSW Sec. 16 T6N R89W 6th PM</u>	Complete the Attachment Checklist <table border="1"> <tr> <td>Wellbore Diagram</td> <td>Oper</td> <td>OGCC</td> </tr> <tr> <td>Cement Job Summary</td> <td></td> <td></td> </tr> <tr> <td>Wireline Job Summary</td> <td></td> <td></td> </tr> </table>	Wellbore Diagram	Oper	OGCC	Cement Job Summary			Wireline Job Summary		
Wellbore Diagram	Oper	OGCC										
Cement Job Summary												
Wireline Job Summary												
County: <u>Routt</u> Federal, Indian or State Lease Number: _____	Field Name <u>Breeze</u> Field Number: <u>99999</u>											

Notice of Intent to Abandon **Subsequent Report of Abandonment**

Only Complete the Following Background Information for Intent to Abandon

Latitude: 40.4739654 Longitude: -107.3882923

GPS Data: _____

Date of Measurement: 5-7-09 PDOP Reading 5.5 Instrument Operator's Name Todd Adams

Reason for Abandonment: Dry, Production Sub-economic, Mechanical Problems, Other

Casing to be Pulled: Yes, No Top of Casing Cement: _____

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	Perforations Top	Perforations Bottom	Date Abandoned	Method of Isolation (None, Squeezed, BP, Cement, etc.)	Plug Depth
WMFKC	3482	3530			
WMFKC	3728	3746	5-7-02	CIBP	3710

Casing History

String	Size of Hole	Size of Casing	Weight per ft	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
Surface	12 1/4	9 5/8	36	404	215	404	Surface
Production	8 3/4	7	23	4020	445	4020	1500

Plugging Procedure for Intent and Subsequent Report

CIPB #1: Depth _____ with _____ sacks cmt on top. CIPB #2: Depth _____ with _____ sacks cmt on top. **NOTE: Two (2) sacks cement required on all CIBPs.**

Set 25 sks cmt from 3382 ft. to 3530 ft. in Casing Open Hole Annulus

Set _____ sks cmt from _____ ft. to _____ ft. in Casing Open Hole Annulus

Set _____ sks cmt from _____ ft. to _____ ft. in Casing Open Hole Annulus

Set _____ sks cmt from _____ ft. to _____ ft. in Casing Open Hole Annulus

Set _____ sks cmt from _____ ft. to _____ ft. in Casing Open Hole Annulus

Perforate and squeeze at 454 ft. with 45 sacks Leave at least 100 ft. in casing

Perforate and squeeze at _____ ft. with _____ sacks Leave at least 100 ft. in casing

Perforate and squeeze at _____ ft. with _____ sacks Leave at least 100 ft. in casing

Set 25 sacks half in, half out surface casing from 354 ft. to 454 ft.

Set 10 sacks at surface

Cut four feet below ground level, weld on plate

Set _____ sacks in rat hole Set _____ sacks in mouse hole Dry-Hole Marker: Yes No

Additional Plugging Information for Subsequent Report Only

Casing Recovered: _____ ft. of _____ in. casing Plugging date: _____

*Wireline Contractor: _____ *Cementing Contractor: _____

Type of Cement and Additives Used: _____

***Attach job summaries.**

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

Print Name Stephen Tygard Email: wyocaglefan@wyoming.com

Signed: _____ Title: GIS Analyst Date: 07/01/09

OGCC Approved: K. J. King Title: EIT III Date: 7/7/09

CONDITIONS OF APPROVAL, IF ANY: _____

Balanced cement plug from 3382'-3530' must be tagged at least 100' above top perforation before setting to the next up hole plug in this well.



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WELL ABANDONMENT REPORT

Submit original plus one copy. This form is to be submitted as an intent whenever a plugging is planned on a borehole. The approved intent shall be valid for twelve months after the approval date after that period a new intent will be required. After the plugging is complete, this form and one copy shall again be submitted as a subsequent report of the work as actually completed.

COGCC Operator Number 63830 Name of Operator: <u>North Finn LLC.</u> Address: <u>950 Stafford</u> City: <u>Casper</u> State: <u>WY</u> Zip: <u>82609</u>		Contact Name & Telephone <u>Wayne Neumiller</u> No: <u>(307)-237-7854</u> Fax: <u>(307)-237-7628</u>	24 hour notice required, contact: <u>Dave Andrews</u> Tel: <u>970-625-2497 x1</u>												
API Number 05-107-06190 Well Name: <u>Breeze</u> Well Number: <u>22-16</u> Location (Qtr, Sec, Twp, Rng, Meridian): <u>SENW Sec. 16 T6N R89W 6th PM</u> County: <u>Routt</u> Federal, Indian or State Lease Number: Field Name <u>Breeze</u> Field Number <u>99999</u>		Complete the Attachment Checklist <small>Oper OGCC</small> <table border="1"> <tr><td>Wellbore Diagram</td><td>X</td></tr> <tr><td>Cement Job Summary</td><td></td></tr> <tr><td>Wireline Job Summary</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Wellbore Diagram	X	Cement Job Summary		Wireline Job Summary							
Wellbore Diagram	X														
Cement Job Summary															
Wireline Job Summary															

Notice of Intent to Abandon **Subsequent Report of Abandonment**

Only Complete the Following Background Information for Intent to Abandon

Latitude: 40.47975721 Longitude: -107.3844618
 GPS Data:
 Date of Measurement: 5-7-09 PDOP Readin 5.5 Instrument Operator's Name Todd Adams

Reason for Abandonment: Dry Production Sub-economic Mechanical Problems Other
 Casing to be Pulled: Yes No Top of Casing Cement:
 Fish in Hole: Yes No If yes, explain details below
 Wellbore has Uncemented Casing Leak: Yes No If yes, explain details below
 Details:

Current and Previously Abandoned Zones

Formation	Perforations - Top	Perforations - Bottom	Date Abandoned	Method of Isolation (None, Squeezed, BP, Cement, etc.)	Plug Depth
ALMD	2415	2421	4-10-03	Cement Squeeze 300 sks G	
WMFKC	3299	3373			
WMFKC	3732	3738	5-20-02	CIBP	3710

Casing History

String	Size of Hole	Size of Casing	Weight per ft	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
Surface	12 1/4	9 5/8	36	414	215	414	Surface
Production	8 3/4	7	23	3915	700	3915	770

Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth _____ with _____ sacks cmt on top. CIBP #2: Depth _____ with _____ sacks cmt on top. NOTE: Two (2) sacks cement required on all CIBPs.

Set 25 sks cmt from 3199 ft. to 3373 ft. in Casing Open Hole Annulus
 Set _____ sks cmt from _____ ft. to _____ ft. in Casing Open Hole Annulus
 Set _____ sks cmt from _____ ft. to _____ ft. in Casing Open Hole Annulus
 Set _____ sks cmt from _____ ft. to _____ ft. in Casing Open Hole Annulus
 Set _____ sks cmt from _____ ft. to _____ ft. in Casing Open Hole Annulus

Perforate and squeeze at 464 ft. with 45 sacks Leave at least 100 ft. in casing
 Perforate and squeeze at _____ ft. with _____ sacks Leave at least 100 ft. in casing
 Perforate and squeeze at _____ ft. with _____ sacks Leave at least 100 ft. in casing

Set 25 sacks half in, half out surface casing from 364 ft. to 464 ft.
 Set 10 sacks at surface
 Cut four feet below ground level, weld on plate 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 _____ in. casing Plugging date: _____
 *Wireline Contractor: _____ *Cementing Contractor: _____
 Type of Cement and Additives Used: _____
 *Attach job summaries.

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

Print Name Stephen Tygard Email: wyoeglefan@wyoming.com
 Signed: _____ Title: GIS Analyst Date: 07/01/09
 OGCC Approved: [Signature] Title: EIT III Date: 7/7/09
 CONDITIONS OF APPROVAL, IF ANY:

Balanced cement plug from 3199'-3373' must be tagged at least 100' above top perforation before setting to the next up hole plug in this well.



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WELL ABANDONMENT REPORT

Submit original plus one copy. This form is to be submitted as an intent whenever a plugging is planned on a borehole. The approved intent shall be valid for twelve months after the approval date after that period a new intent will be required. After the plugging is complete, this form and one copy shall again be submitted as a subsequent report of the work as actually completed.

COGCC Operator Number <u>63830</u>		Contact Name & Telephone <u>Wayne Neumiller</u>	24 hour notice required, contact: <u>Dave Andrews</u> Tel: <u>970-625-2497 x 1</u>
Name of Operator: <u>North Finn LLC.</u>	No: <u>(307)-237-7854</u>		
Address: <u>950 Stafford</u>	Fax: <u>(307)-237-7828</u>		
City: <u>Casper</u> State: <u>WY</u> Zip: <u>82609</u>	Tel: <u>970-625-2497 x 1</u>		
API Number <u>05-107-06192-00</u>		Complete the Attachment Checklist	
Well Name: <u>Breeze</u> Well Number: <u>11-20</u>	Wellbore Diagram		<input checked="" type="checkbox"/> K
Location (Qtr/Sec, Twp, Rng, Meridian): <u>NWNW Sec. 20 T6N R89W</u>		Cement Job Summary	
County: <u>Routt</u> Federal, Indian or State Lease Number: <u> </u>		Wireline Job Summary	
Field Name <u>Breeze</u> Field Number <u>99999</u>			

Notice of Intent to Abandon Subsequent Report of Abandonment

Only Complete the Following Background Information for Intent to Abandon

Latitude: 40.46575278 Longitude: -107.4072289

GPS Data:

Date of Measurement: 5-7-09 PDOP Readin 5.5 Instrument Operator's Name Todd Adams

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

Casing to be Pulled: Yes No Top of Casing Cement:

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	Perforations		Date Abandoned	Method of Isolation (None, Squeezed, BP, Cement, etc.)	Plug Depth
	Top	Bottom			
ALMD	2242	2252	1-07-03	Cement Squeeze 50 sks G	
WMFKC	3137	3210			
WMFKC	3554	3582	5-16-02	CIBP	3530

Casing History

String	Size of Hole	Size of Casing	Weight per ft	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
Surface	12 1/4	9 5/8	36	414	275	414	Surface
Production	8 3/4	7	23	3680	680	3680	170

Plugging Procedure for Intent and Subsequent Report

NOTE: Two (2) sacks cement required on all CIBPs.

CIBP #1: Depth 25 with sacks cmt on top. CIBP #2: Depth 3037 with sacks cmt on top.

Set 25 sks cmt from 3037 ft. to 3210 ft. in Casing Open Hole Annulus

Set sks cmt from ft. to ft. in Casing Open Hole Annulus

Set sks cmt from ft. to ft. in Casing Open Hole Annulus

Set sks cmt from ft. to ft. in Casing Open Hole Annulus

Set sks cmt from ft. to ft. in Casing Open Hole Annulus

Perforate and squeeze at ft. with sacks Leave at least 100 ft. in casing

Perforate and squeeze at ft. with sacks Leave at least 100 ft. in casing

Perforate and squeeze at ft. with sacks Leave at least 100 ft. in casing

Set 25 sacks half in, half out surface casing from 464 ft. to 364 ft.

Set 10 sacks at surface

Cut four feet below ground level, weld on plate 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 in. casing Plugging date:

*Wireline Contractor: *Cementing Contractor:

Type of Cement and Additives Used:

*Attach job summaries.

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

Print Name Stephen Tygard Email: wyoeglefan@wyoing.com

Signed: [Signature] Title: GIS Analyst Date: 06/30/09

OGCC Approved: [Signature] Title: EITW Date: 7/7/09

CONDITIONS OF APPROVAL, IF ANY:

Balanced cement plug from 3037'-3210' must be tagged at least 100' above top perforation before setting the next up hole plug in this well



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WELL ABANDONMENT REPORT

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COGCC Operator Number <u>63830</u>	Contact Name & Telephone Name of Operator: <u>North Finn LLC.</u> Address: <u>950 Stafford</u> City: <u>Casper</u> State: <u>WY</u> Zip: <u>82609</u>	Wayne Neumiller No: <u>(307)-237-7854</u> Fax: <u>(307)-237-7628</u>	24 hour notice required, contact: <u>Dave Andrews</u> Tel: <u>970-626-2497 x1</u>												
API Number <u>05-107-06191</u>	Well Name: <u>Breeze</u> Well Number: <u>32-17</u>	Complete the Attachment Checklist													
Location (Qtr, Sec, Twp, Rng, Meridian): <u>SWNE Sec. 17 T6N R89W 6th PM</u>		<table border="1"> <tr> <td>Wellbore Diagram</td> <td></td> <td>X</td> <td></td> </tr> <tr> <td>Cement Job Summary</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Wireline Job Summary</td> <td></td> <td></td> <td></td> </tr> </table>		Wellbore Diagram		X		Cement Job Summary				Wireline Job Summary			
Wellbore Diagram		X													
Cement Job Summary															
Wireline Job Summary															
County: <u>Houtt</u> Federal, Indian or State Lease Number: _____	Field Name <u>Breeze</u> Field Number: <u>99999</u>														

Notice of Intent to Abandon Subsequent Report of Abandonment

Only Complete the Following Background Information for Intent to Abandon

Latitude: 40.47752345 Longitude: -107.3971791

GPS Data: _____

Date of Measurement: 5-7-09 PDOP Readin 5.5 Instrument Operator's Name Todd Adams

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

Casing to be Pulled: Yes No Top of Casing Cement: _____

Fish in Hole: Yes No If yes, explain details below _____

Wellbore has Uncemented Casing Leak: Yes No If yes, explain details below _____

Details: _____

Current and Previously Abandoned Zones

Formation	Perforations - Top	Perforations - Bottom	Date Abandoned	Method of Isolation (None, Squeezed, BP, Cement, etc.)	Plug Depth
ALMD	2245	2255	7-16-03	Cement Squeeze with 300 sks G	
WMFKC	3174	3234			
WMFKC	3582	3590	6-26-02	CIBP	3565

Casing History

String	Size of Hole	Size of Casing	Weight per ft	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
Surface	12 1/4	9 5/8	36	409	275	409	Surface
Production	8 3/4	7	23	3745	425	3745	1390

Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth _____ with _____ sacks cmt on top. CIBP #2: Depth _____ with _____ sacks cmt on top. NOTE: Two (2) sacks cement required on all CIBPs.

Set 25 sks cmt from 3074 ft. to 3234 ft. in Casing Open Hole Annulus

Set _____ sks cmt from _____ ft. to _____ ft. in Casing Open Hole Annulus

Set _____ sks cmt from _____ ft. to _____ ft. in Casing Open Hole Annulus

Set _____ sks cmt from _____ ft. to _____ ft. in Casing Open Hole Annulus

Set _____ sks cmt from _____ ft. to _____ ft. in Casing Open Hole Annulus

Perforate and squeeze at 459 ft. with 45 sacks Leave at least 100 ft. in casing

Perforate and squeeze at _____ ft. with _____ sacks Leave at least 100 ft. in casing

Perforate and squeeze at _____ ft. with _____ sacks Leave at least 100 ft. in casing

Set 25 sacks half in, half out surface casing from 369 ft. to 439 ft.

Set 10 sacks at surface

Cut four feet below ground level, weld on plate 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 _____ in. casing Plugging date: _____

*Wireline Contractor: _____ *Cementing Contractor: _____

Type of Cement and Additives Used: _____

***Attach job summaries.**

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

Print Name Stephen Tygar Email: wyoeglefan@wyoming.com

Signed: _____ Title: GIS Analyst Date: 07/01/09

OGCC Approved: _____ Title: EIT III Date: 7/7/09

CONDITIONS OF APPROVAL, IF ANY:

Balanced cement plug from 3074'-3234' must be tagged at least 100' above top perforation before setting to the next up hole plug in this well.



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WELL ABANDONMENT REPORT

Submit original plus one copy. This form is to be submitted as an intent whenever a plugging is planned on a borehole. The approved intent shall be valid for twelve months after the approval date after that period a new intent will be required. After the plugging is complete, this form and one copy shall again be submitted as a subsequent report of the work as actually completed.

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COGCC Operator Number <u>63830</u>	Contact Name & Telephone <u>Wayne Neumiller</u>	24-hour notice required, contact: <u>Dave Andrews</u> Tel: <u>970-625-2497 x 2</u>												
Name of Operator: <u>North Finn LLC.</u>	No: <u>(307)-237-7854</u>													
Address: <u>950 Stafford</u>	Fax: <u>(307)-237-7628</u>	Complete the Attachment Checklist <table border="1"> <tr> <td>Wellbore Diagram</td> <td>Oper</td> <td>OGCC</td> </tr> <tr> <td>Cement Job Summary</td> <td></td> <td></td> </tr> <tr> <td>Wireline Job Summary</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Wellbore Diagram	Oper	OGCC	Cement Job Summary			Wireline Job Summary					
Wellbore Diagram	Oper		OGCC											
Cement Job Summary														
Wireline Job Summary														
City: <u>Casper</u> State: <u>WY</u> Zip: <u>82609</u>														
API Number <u>05-107-06193</u>														
Well Name: <u>Breeze</u> Well Number: <u>32-20</u>														
Location (Qtr, Sec, Twp, Rng, Meridian): <u>SWNE Sec. 20 T6N R89W 6thPM</u>														
County: <u>Routt</u> Federal, Indian or State Lease Number: _____														
Field Name <u>Breeze</u> Field Number <u>99999</u>														

Notice of Intent to Abandon Subsequent Report of Abandonment

Only Complete the Following Background Information for Intent to Abandon

Latitude: 40.46287179 Longitude: -107.3992609

GPS Data: _____

Date of Measurement: 5-7-09 PDOP Readin 5.5 Instrument Operator's Name Todd Adams

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

Casing to be Pulled: Yes No Top of Casing Cement: _____

Fish in Hole: Yes No If yes, explain details below

Wellbore has Uncemented Casing Leak: Yes No If yes, explain details below

Details: _____

Current and Previously Abandoned Zones

Formation	Perforations - Top	Perforations - Bottom	Date Abandoned	Method of Isolation (None, Squeezed, BP, Cement, etc.)	Plug Depth
ALMD	2474	2480	2-25-03	Cement Squeeze 50 sks G	
WMFKC	3383	3794			
WMFKC	3795	3803	10-24-02	CIBP set with 5 sks G	3770

Casing History

String	Size of Hole	Size of Casing	Weight per ft	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
Surface	12 1/4	9 5/8	36	403	215	403	Surface
Production	8 3/4	7	23	3972	610	3972	480

Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth _____ with _____ sacks cmt on top. CIBP #2: Depth _____ with _____ sacks cmt on top. NOTE: Two (2) sacks cement required on all CIBPs.

Set 25 sks cmt from 3283 ft. to 3770 ft. in Casing Open Hole Annulus

Set _____ sks cmt from _____ ft. to _____ ft. in Casing Open Hole Annulus

Set _____ sks cmt from _____ ft. to _____ ft. in Casing Open Hole Annulus

Set _____ sks cmt from _____ ft. to _____ ft. in Casing Open Hole Annulus

Perforate and squeeze at 453 ft. with 45 sacks Leave at least 100 ft. in casing

Perforate and squeeze at _____ ft. with _____ sacks Leave at least 100 ft. in casing

Perforate and squeeze at _____ ft. with _____ sacks Leave at least 100 ft. in casing

Set 25 sacks half in, half out surface casing from 453 ft. to 355 ft.

Set 10 sacks at surface

Cut four feet below ground level, weld on plate 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 _____ in casing Plugging date: _____

*Wireline Contractor: _____ *Cementing Contractor: _____

Type of Cement and Additives Used: _____

***Attach job summaries.**

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

Print Name Stephen Tygard Email: wyocaglefan@wyoing.com

Signed: [Signature] Title: GIS Analyst Date: 06/30/09

OGCC Approved: [Signature] Title: EIT III Date: 7/7/09

CONDITIONS OF APPROVAL, IF ANY:

Balanced cement plug from 3283'-3770' must be tagged at least 100' above top perforation before setting to the next up hole plug in this well.



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WELL ABANDONMENT REPORT

Submit original plus one copy. This form is to be submitted as an intent whenever a plugging is planned on a borehole. The approved intent shall be valid for twelve months after the approval date after that period a new intent will be required. After the plugging is complete, this form and one copy shall again be submitted as a subsequent report of the work as actually completed.

COGCC Operator Number <u>63830</u>	Contact Name & Telephone <u>Wayne Neumiller</u>	24 hour notice required, contact: <u>Dave Andrews</u> Tel: <u>970-625-2497</u>
Name of Operator: <u>North Finn LLC.</u>	No: <u>(307)-237-7854</u>	
Address: <u>950 Stafford</u>	Fax: <u>(307)-237-7628</u>	Complete the Attachment Checklist Oper OGCC
City: <u>Casper</u> State: <u>WY</u> Zip: <u>82609</u>		
API Number <u>05-107-06206</u>		
Well Name: <u>Breeze</u> Well Number: <u>43-18</u>		
Location (Qtr, Qtr, Sec, Twp, Rng, Meridian): <u>NESE Sec. 18 T6n R89W 6th PM</u>		Wellbore Diagram <input checked="" type="checkbox"/>
County: <u>Routt</u> Federal, Indian or State Lease Number:		Cement Job Summary <input type="checkbox"/>
Field Name <u>Breeze</u> Field Number: <u>99999</u>		Wireline Job Summary <input type="checkbox"/>

Notice of Intent to Abandon Subsequent Report of Abandonment

Only Complete the Following Background Information for Intent to Abandon

Latitude: 40.47485979 Longitude: -107.4101757

GPS Data:

Date of Measurement: 5-7-09 PDOP Reading 5.5 Instrument Operator's Name Todd Adams

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

Casing to be Pulled: Yes No Top of Casing Cement: _____

Fish in Hole: Yes No If yes, explain details below _____

Wellbore has Uncemented Casing Leak: Yes No If yes, explain details below _____

Details: _____

Current and Previously Abandoned Zones

Formation	Perforations		Date Abandoned	Method of Isolation (None, Squeeze, BP, Cement, etc.)	Plug Depth
	Top	Bottom			
ALMD	2075	2085	3-4-03	Cement squeeze with 450 sks G	
WMFKC	2975	3053			
WMFKC	3387	3395	5-11-02	CIBP	3360

Casing History

String	Size of Hole	Size of Casing	Weight per ft	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
Surface	12 1/4	9 5/8	36	382	350	382	Surface
Production	8 3/4	7	23	3542	545	3542	950

Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth _____ with _____ sacks cmt on top. CIBP #2: Depth _____ with _____ sacks cmt on top. NOTE: Two (2) sacks cement required on all CIBPs.

Set 25 sks cmt from _____ ft. to 3053 ft. in Casing Open Hole Annulus

Set _____ sks cmt from _____ ft. to _____ ft. in Casing Open Hole Annulus

Set _____ sks cmt from _____ ft. to _____ ft. in Casing Open Hole Annulus

Set _____ sks cmt from _____ ft. to _____ ft. in Casing Open Hole Annulus

Perforate and squeeze at 432 ft. with 45 sacks Leave at least 100 ft. in casing

Perforate and squeeze at _____ ft. with _____ sacks Leave at least 100 ft. in casing

Perforate and squeeze at _____ ft. with _____ sacks Leave at least 100 ft. in casing

Set 25 sacks half in, half out surface casing from 432 ft. to 382 ft.

Set 10 sacks at surface

Cut four feet below ground level, weld on plate 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 _____ in. casing Plugging date: _____

*Wireline Contractor: _____ *Cementing Contractor: _____

Type of Cement and Additives Used: _____

*Attach job summaries. _____

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

Print Name Stephen Tygard Email: wyocaglefan@wyoming.com

Signed: [Signature] Title: GIS Analyst Date: 07/01/09

OGCC Approved: [Signature] Title: EIT III Date: 7/7/09

CONDITIONS OF APPROVAL, IF ANY: _____

Balanced cement plug from 2875'-3053' must be tagged at least 100' above top perforation before setting to the next up hole plug in this well.

Seal cement
 these will be blown



1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax (303) 894-2105

WELL ABANDONMENT REPORT

Submit original plus one copy. This form is to be submitted as an intent whenever a plugging is planned on a borehole. The approved intent shall be valid for twelve months after the approval date after that period a new intent will be required. After the plugging is complete, this form and one copy shall again be submitted as a subsequent report of the work as actually completed.

RECEIVED
JUL 06 2009
COGCC

COGCC Operator Number <u>63830</u>	Contact Name & Telephone Name of Operator: <u>North Finn LLC.</u> Address: <u>950 Stafford</u> City: <u>Casper</u> State: <u>WY</u> Zip: <u>82609</u>	Wayne Neumiller No: <u>(307)-237-7854</u> Fax: <u>(307)-237-7628</u>	24 hour notice required, contact: <u>Dave Andrews</u> Tel: <u>970-625-2497 x1</u>												
API Number <u>05-107-06189</u>	Well Name: <u>Breeze</u> Well Number: <u>23-17</u>	Complete the Attachment Checklist													
Location (Qtr, Sec, Twp, Rng, Meridian): <u>NESW Sec. 17 T6N R89W 6th PM</u>		<table border="1"> <tr> <td>Wellbore Diagram</td> <td></td> <td>X</td> <td></td> </tr> <tr> <td>Cement Job Summary</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Wireline Job Summary</td> <td></td> <td></td> <td></td> </tr> </table>		Wellbore Diagram		X		Cement Job Summary				Wireline Job Summary			
Wellbore Diagram		X													
Cement Job Summary															
Wireline Job Summary															
County: <u>Routt</u> Federal, Indian or State Lease Number: _____	Field Name <u>Breeze</u> Field Number: <u>99999</u>														

Notice of Intent to Abandon Subsequent Report of Abandonment

Only Complete the Following Background Information for Intent to Abandon

Latitude: 40.4725888 Longitude: -107.4023965

GPS Data: _____

Date of Measurement: 5-7-09 PDOP Readin 5.5 Instrument Operator's Name Todd Adams

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

Casing to be Pulled: Yes No Top of Casing Cement: _____

Fish in Hole: Yes No If yes, explain details below _____

Wellbore has Uncemented Casing Leak: Yes No If yes, explain details below _____

Details: _____

Current and Previously Abandoned Zones

Formation	Perforations - Top	Perforations - Bottom	Date Abandoned	Method of Isolation (None, Squeezed, BP, Cement, etc.)	Plug Depth
ALMD	2178	2188	1-16-03	Cement Squeeze w/ 179 cubic ft G	
WMFKC	3070	3130			
WMFKC	3174	3188	5-23-06	CIBP w/ 2 sks on top	3166
WMFKC	3477	3485	7-16-02	CIBP	3450

Casing History

String	Size of Hole	Size of Casing	Weight per ft	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
Surface	12 1/4	9 5/8	36	405	215	405	Surface
Production	8 3/4	7	23	3643	510	3643	980

Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth _____ with _____ sacks cmt on top. CIBP #2: Depth _____ with _____ sacks cmt on top.

Set 25 sks cmt from _____ ft. to 3130 ft. in Casing Open Hole Annulus

Set _____ sks cmt from _____ ft. to _____ ft. in Casing Open Hole Annulus

Set _____ sks cmt from _____ ft. to _____ ft. in Casing Open Hole Annulus

Set _____ sks cmt from _____ ft. to _____ ft. in Casing Open Hole Annulus

Perforate and squeeze at 455 ft. with 45 sacks Leave at least 100 ft. in casing

Perforate and squeeze at _____ ft. with _____ sacks Leave at least 100 ft. in casing

Perforate and squeeze at _____ ft. with _____ sacks Leave at least 100 ft. in casing

Set 25 sacks half in, half out surface casing from 365 ft. to 455 ft.

Set 10 sacks at surface

Cut four feet below ground level, weld on plate Dry-Hole Marker: Yes No

Set _____ sacks in rat hole Set _____ sacks in mouse hole

NOTE: Two (2) sacks cement required on all CIBPs.

Additional Plugging Information for Subsequent Report Only

Casing Recovered: _____ ft. of _____ in. casing Plugging date: _____

*Wireline Contractor: _____ *Cementing Contractor: _____

Type of Cement and Additives Used: _____

***Attach job summaries.**

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

Print Name Stephen Tygard Email: wyoeaglefan@wyoming.com

Signed: _____ Title: GIS Analyst Date: 07/01/09

OGCC Approved: Kirby Key Title: EIT III Date: 7/7/09

CONDITIONS OF APPROVAL, IF ANY:

Balanced cement plug from 2970'-3130' must be tagged at least 100' above top perforation before setting to the next up hole plug in this well.

ATTACHMENT C

***Form 27 – Site Investigation and
Remediation Work Plan***

State of Colorado
Oil and Gas Conservation Commission



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

FOR OGCC USE ONLY

OGCC Employee:

Spill Complaint
 Inspection NOAV

Tracking No: _____

SITE INVESTIGATION AND REMEDIATION WORKPLAN

This form shall be submitted to the Director for approval prior to the initiation of site investigation and remediation activities. Form 27 is intended to be used whenever possible. Additional documentation will be required when large volumes of soil and groundwater have been impacted or involve large facilities with multiple source areas. See Rule 910. Attach as many pages as needed to fully describe the proposed work.

CAUSE OF CONDITION BEING INVESTIGATED AND REMEDIATED

Spill or Release Plug & Abandon Central Facility Closure Site/Facility Closure Other (describe): _____

OGCC Operator Number: <u>63830</u>	Contact Name and Telephone: _____
Name of Operator: <u>North Finn, LLC.</u>	<u>Wayne Neumiller</u>
Address: <u>950 Stafford</u>	No: <u>307-237-7854</u>
City: <u>Casper</u> State: <u>WY</u> Zip: <u>82609</u>	Fax: <u>307-237-7628</u>

API Number: <u>05-107-06192</u>	County: <u>Routt</u>
Facility Name: <u>Breeze Coal Bed Natural Gas Pilot Project</u>	Facility Number: <u>N/A</u>
Well Name: <u>Breeze</u>	Well Number: <u>#11-20</u>
Location: (QtrQtr, Sec, Twp, Rng, Meridian): <u>NWNW 20 6N 89W 6PM</u> Latitude: <u>40.465752</u> Longitude: <u>-107.407228</u>	

TECHNICAL CONDITIONS

Type of Waste Causing Impact (crude oil, condensate, produced water, etc): Not applicable.

Site Conditions: Is location within a sensitive area (according to Rule 901e)? Y N If yes, attach evaluation.

Adjacent land use (cultivated, irrigated, dry land farming, industrial, residential, etc.): Rangeland

Soil type, if not previously identified on Form 2A or Federal Surface Use Plan: Identified on Form 2A

Potential receptors (water wells within 1/4 mi, surface waters, etc.): No water wells located with 1/4 mile.

Surface water located within 1/4 mile are unnamed tributaries of the Basin Reservoir drainage.

Description of Impact (if previously provided, refer to that form or document):

Impacted Media (check):	Extent of Impact:	How Determined:
<input type="checkbox"/> Soils	<u>Not applicable.</u>	_____
<input type="checkbox"/> Vegetation	<u>Not applicable.</u>	_____
<input type="checkbox"/> Groundwater	<u>Not applicable.</u>	_____
<input type="checkbox"/> Surface Water	<u>Not applicable.</u>	_____

REMEDIALTION WORKPLAN

Describe initial action taken (if previously provided, refer to that form or document):

Not applicable.

Describe how source is to be removed:

Not applicable.

Describe how remediation of existing impacts is to be accomplished, including removal and disposal at an injection well or licensed facility, land treatment on site, removal of impacted groundwater, insitu bioremediation, burning of oily vegetation, etc.:

Not applicable.



Tracking Number: _____ Name of Operator: North Finn, LLC. OGCC Operator No: 63830 Received Date: _____ Well Name & No: Breeze #11-20 Facility Name & No: Breeze Coal Bed Natural Gas

Page 2 MEDIATION WORKPLAN (Cont.)

OGCC Employee: _____

If groundwater has been impacted, describe proposed monitoring plan (# of wells or sample points, sampling schedule, analytical methods, etc.):

Not applicable.

Describe reclamation plan. Discuss existing and new grade recontouring; method and testing of compaction alleviation; and reseeding program, including location of new seed, seed mix and noxious weed prevention. Attach diagram or drawing. Use additional sheet for description if required.

North Finn, LLC (North Finn) is planning to plug and abandon the Breeze Coal Bed Natural Gas Pilot Project (Breeze Project) well Breeze #11-20 located in Routt County, Colorado. Therefore, North Finn has submitted Form 6 to the Colorado Oil and Gas Conservation Commission (COGCC) and received approval to plug and abandon on June 7, 2009 for the well Breeze #11-20. North Finn will remove all associated production equipment and proceed in plug and abandon.

With the COGCC approval of the attached Sundry Notice, North Finn would like to relinquish all responsibility and liability to the surface landowner, Mr. Harold Earle. Mr. Earle has negotiated an agreement with North Finn to take full responsibility and liability to reclaim the Breeze #11-20 constructed well pad, and well access roads.

Please see attached Final Reclamation Plan.

Attach samples and analytical results taken to verify remediation of impacts. Show locations of samples on an onsite schematic or drawing.

Further site investigation required? Y N If yes, describe:

Not applicable.

Final disposition of E&P waste (landtreated and disposed onsite, name of licensed disposal facility, recycling, reuse, etc.):

Not applicable, E & P waste will not be generated during reclamation of well 11-20.

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: _____ Date Site Investigation Completed: _____ Date Remediation Plan Submitted: _____ Remediation Start Date: _____ Anticipated Completion Date: _____ Actual Completion Date: _____

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

Print Name: Wayne Neumiller Signed: Wayne P. Neumiller Date: 6/9/2010 Title: Manager

OGCC Approved: _____ Title: _____ Date: _____

State of Colorado
Oil and Gas Conservation Commission



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

FOR OGCC USE ONLY

OGCC Employee:

Spill Complaint
 Inspection NOAV

Tracking No: _____

SITE INVESTIGATION AND REMEDIATION WORKPLAN

This form shall be submitted to the Director for approval prior to the initiation of site investigation and remediation activities. Form 27 is intended to be used whenever possible. Additional documentation will be required when large volumes of soil and groundwater have been impacted or involve large facilities with multiple source areas. See Rule 910. Attach as many pages as needed to fully describe the proposed work.

CAUSE OF CONDITION BEING INVESTIGATED AND REMEDIATED

Spill or Release Plug & Abandon Central Facility Closure Site/Facility Closure Other (describe): _____

OGCC Operator Number: <u>63830</u>	Contact Name and Telephone: _____
Name of Operator: <u>North Finn, LLC.</u>	<u>Wayne Neumiller</u>
Address: <u>950 Stafford</u>	No: <u>307-237-7854</u>
City: <u>Casper</u> State: <u>WY</u> Zip: <u>82609</u>	Fax: <u>307-237-7628</u>

API Number: <u>05-107-06201</u>	County: <u>Routt</u>
Facility Name: <u>Breeze Coal Bed Natural Gas Pilot Project</u>	Facility Number: <u>N/A</u>
Well Name: <u>Breeze</u>	Well Number: <u>#44-17</u>
Location: (QtrQtr, Sec, Twp, Rng, Meridian): <u>SESE 17 6N 89W 6 PM</u> Latitude: <u>40.469018</u> Longitude: <u>-107.39518</u>	

TECHNICAL CONDITIONS

Type of Waste Causing Impact (crude oil, condensate, produced water, etc.): Not applicable.

Site Conditions: Is location within a sensitive area (according to Rule 901e)? Y N If yes, attach evaluation.

Adjacent land use (cultivated, irrigated, dry land farming, industrial, residential, etc.): Rangeland

Soil type, if not previously identified on Form 2A or Federal Surface Use Plan: Identified on Form 2A

Potential receptors (water wells within 1/4 mi, surface waters, etc.): No water wells located with 1/4 mile.

Surface water located within 1/4 mile are unnamed tributaries of the Basin Reservoir drainage.

Description of Impact (if previously provided, refer to that form or document):

Impacted Media (check):	Extent of Impact:	How Determined:
<input type="checkbox"/> Soils	<u>Not applicable.</u>	_____
<input type="checkbox"/> Vegetation	<u>Not applicable.</u>	_____
<input type="checkbox"/> Groundwater	<u>Not applicable.</u>	_____
<input type="checkbox"/> Surface Water	<u>Not applicable.</u>	_____

REMEDATION WORKPLAN

Describe initial action taken (if previously provided, refer to that form or document):
Not applicable.

Describe how source is to be removed:
Not applicable.

Describe how remediation of existing impacts is to be accomplished, including removal and disposal at an injection well or licensed facility, land treatment on site, removal of impacted groundwater, insitu bioremediation, burning of oily vegetation, etc.:
Not applicable.



Tracking Number: _____ Name of Operator: North Finn, LLC. OGCC Operator No: 63830 Received Date: _____ Well Name & No: Breeze #44-17 Facility Name & No: Breeze Coal Bed Natural Gas

OGCC Employee: _____

If groundwater has been impacted, describe proposed monitoring plan (# of wells or sample points, sampling schedule, analytical methods, etc.):

Not applicable.

Describe reclamation plan. Discuss existing and new grade recontouring; method and testing of compaction alleviation; and reseeding program, including location of new seed, seed mix and noxious weed prevention. Attach diagram or drawing. Use additional sheet for description if required.

North Finn, LLC (North Finn) is planning to plug and abandon the Breeze Coal Bed Natural Gas Pilot Project (Breeze Project) well Breeze #44-17 located in Routt County, Colorado. Therefore, North Finn has submitted Form 6 to the Colorado Oil and Gas Conservation Commission (COGCC) and received approval to plug and abandon on June 7, 2009 for the well Breeze #44-17. North Finn will remove all associated production equipment and proceed in plug and abandon.

With the COGCC approval of the attached Sundry Notice, North Finn would like to relinquish all responsibility and liability to the surface landowner, Mr. Harold Earle. Mr. Earle has negotiated an agreement with North Finn to take full responsibility and liability to reclaim the Breeze #44-17 constructed well pad, and well access roads.

Please see attached Final Reclamation Plan.

Attach samples and analytical results taken to verify remediation of impacts. Show locations of samples on an onsite schematic or drawing.

Further site investigation required? Y N If yes, describe:

Not applicable.

Final disposition of E&P waste (landtreated and disposed onsite, name of licensed disposal facility, recycling, reuse, etc.):

Not applicable, E & P waste will not be generated during reclamation of well Breeze #44-17.

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: _____ Date Site Investigation Completed: _____ Date Remediation Plan Submitted: _____ Remediation Start Date: _____ Anticipated Completion Date: _____ Actual Completion Date: _____

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

Print Name: Wayne Neumiller Signed: Wayne P. Neumiller Date: 6/9/2010 Title: Manager

OGCC Approved: _____ Title: _____ Date: _____

State of Colorado
Oil and Gas Conservation Commission



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

FOR OGCC USE ONLY

OGCC Employee:

Spill Complaint
 Inspection NOAV

Tracking No:

SITE INVESTIGATION AND REMEDIATION WORKPLAN

This form shall be submitted to the Director for approval prior to the initiation of site investigation and remediation activities. Form 27 is intended to be used whenever possible. Additional documentation will be required when large volumes of soil and groundwater have been impacted or involve large facilities with multiple source areas. See Rule 910. Attach as many pages as needed to fully describe the proposed work.

CAUSE OF CONDITION BEING INVESTIGATED AND REMEDIATED

Spill or Release Plug & Abandon Central Facility Closure Site/Facility Closure Other (describe): _____

OGCC Operator Number: <u>63830</u>	Contact Name and Telephone: <u>Wayne Neumiller</u>
Name of Operator: <u>North Finn, LLC.</u>	No: <u>307-237-7854</u>
Address: <u>950 Stafford</u>	Fax: <u>307-237-7628</u>
City: <u>Casper</u> State: <u>WY</u> Zip: <u>82609</u>	

API Number: <u>05-107-06206</u>	County: <u>Routt</u>
Facility Name: <u>Breeze Coal Bed Natural Gas Pilot Project</u>	Facility Number: <u>N/A</u>
Well Name: <u>Breeze</u>	Well Number: <u>#43-18</u>
Location: (QtrQtr, Sec, Twp, Rng, Meridian): <u>NESE 18 6N 89W 6PM</u>	Latitude: <u>40.474859</u> Longitude: <u>-107.410175</u>

TECHNICAL CONDITIONS

Type of Waste Causing Impact (crude oil, condensate, produced water, etc): Not applicable.

Site Conditions: Is location within a sensitive area (according to Rule 901e)? Y N If yes, attach evaluation.

Adjacent land use (cultivated, irrigated, dry land farming, industrial, residential, etc.): Rangeland

Soil type, if not previously identified on Form 2A or Federal Surface Use Plan: Identified on Form 2A

Potential receptors (water wells within 1/4 mi, surface waters, etc.): No water wells located with 1/4 mile.

Surface water located within 1/4 mile are unnamed tributaries of the Basin Reservoir drainage.

Description of Impact (if previously provided, refer to that form or document):

Impacted Media (check):	Extent of Impact:	How Determined:
<input type="checkbox"/> Soils	<u>Not applicable.</u>	_____
<input type="checkbox"/> Vegetation	<u>Not applicable.</u>	_____
<input type="checkbox"/> Groundwater	<u>Not applicable.</u>	_____
<input type="checkbox"/> Surface Water	<u>Not applicable.</u>	_____

REMEDIALTION WORKPLAN

Describe initial action taken (if previously provided, refer to that form or document):

Not applicable.

Describe how source is to be removed:

Not applicable.

Describe how remediation of existing impacts is to be accomplished, including removal and disposal at an injection well or licensed facility, land treatment on site, removal of impacted groundwater, insitu bioremediation, burning of oily vegetation, etc.:

Not applicable.



Tracking Number:	_____
Name of Operator:	North Finn, LLC.
OGCC Operator No:	63830
Received Date:	_____
Well Name & No:	Breeze #43-18
Facility Name & No:	Breeze Coal Bed Natural Gas

OGCC Employee: _____

If groundwater has been impacted, describe proposed monitoring plan (# of wells or sample points, sampling schedule, analytical methods, etc.):

Not applicable

Describe reclamation plan. Discuss existing and new grade recontouring; method and testing of compaction alleviation; and reseeding program, including location of new seed, seed mix and noxious weed prevention. Attach diagram or drawing. Use additional sheet for description if required.

North Finn, LLC (North Finn) is planning to plug and abandon the Breeze Coal Bed Natural Gas Pilot Project (Breeze Project) well Breeze #43-18 located in Routt County, Colorado. Therefore, North Finn has submitted Form 6 to the Colorado Oil and Gas Conservation Commission (COGCC) and received approval to plug and abandon on June 7, 2009 for the well Breeze #43-18. North Finn will remove all associated production equipment and proceed in plug and abandon the well.

With the COGCC approval of the attached Sundry Notice, North Finn would like to relinquish all responsibility and liability to the surface landowner, Mr. Harold Earle. Mr. Earle has negotiated an agreement with NFL to take full responsibility and liability to reclaim the Breeze #43-18 constructed well pad, and well access roads.

Mr. Earle will convert the Breeze #42-18 into water well (Permit # 281860) as beneficial use in his ranching operations. Mr. Earle will water well permits under the Colorado State Land Board for the well Breeze #43-18 with intention to produce water for irrigation and livestock.

Please see attached Final Reclamation Plan.

Attach samples and analytical results taken to verify remediation of impacts. Show locations of samples on an onsite schematic or drawing.

Further site investigation required? Y N If yes, describe:

Not applicable.

Final disposition of E&P waste (landtreated and disposed onsite, name of licensed disposal facility, recycling, reuse, etc.):

Not applicable, E & P waste will not be generated during reclamation of well Breeze #43-18.

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: _____	Date Site Investigation Completed: _____	Date Remediation Plan Submitted: _____
Remediation Start Date: _____	Anticipated Completion Date: _____	Actual Completion Date: _____

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

Print Name: Wayne Neumiller

Signed: *Wayne P. Neumiller*

Job Title: Manager

Date: 6/9/2010

OGCC Approved: _____ Title: _____ Date: _____

State of Colorado
Oil and Gas Conservation Commission



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

FOR OGCC USE ONLY

OGCC Employee:

Spill Complaint
 Inspection NOAV

Tracking No: _____

SITE INVESTIGATION AND REMEDIATION WORKPLAN

This form shall be submitted to the Director for approval prior to the initiation of site investigation and remediation activities. Form 27 is intended to be used whenever possible. Additional documentation will be required when large volumes of soil and groundwater have been impacted or involve large facilities with multiple source areas. See Rule 910. Attach as many pages as needed to fully describe the proposed work.

CAUSE OF CONDITION BEING INVESTIGATED AND REMEDIATED

Spill or Release Plug & Abandon Central Facility Closure Site/Facility Closure Other (describe): _____

OGCC Operator Number: <u>63830</u>	Contact Name and Telephone: _____
Name of Operator: <u>North Finn, LLC.</u>	<u>Wayne Neumiller</u>
Address: <u>950 Stafford</u>	No: <u>307-237-7854</u>
City: <u>Casper</u> State: <u>WY</u> Zip: <u>82609</u>	Fax: <u>307-237-7628</u>

API Number: <u>05-107-06193</u>	County: <u>Routt</u>
Facility Name: <u>Breeze Coal Bed Natural Gas Pilot Project</u>	Facility Number: <u>N/A</u>
Well Name: <u>Breeze</u>	Well Number: <u>#32-20</u>
Location: (QtrQtr, Sec, Twp, Rng, Meridian): <u>SWNE 20 6N 89W 6 PM</u> Latitude: <u>40.462871</u> Longitude: <u>-107.339926</u>	

TECHNICAL CONDITIONS

Type of Waste Causing Impact (crude oil, condensate, produced water, etc.): Not applicable.

Site Conditions: Is location within a sensitive area (according to Rule 901e)? Y N If yes, attach evaluation.

Adjacent land use (cultivated, irrigated, dry land farming, industrial, residential, etc.): Rangeland

Soil type, if not previously identified on Form 2A or Federal Surface Use Plan: Identified on Form 2A

Potential receptors (water wells within 1/4 mi, surface waters, etc.): No water wells located with 1/4 mile.

Surface water located within 1/4 mile are unnamed tributaries of the Basin Reservoir drainage.

Description of Impact (if previously provided, refer to that form or document):

Impacted Media (check):	Extent of Impact:	How Determined:
<input type="checkbox"/> Soils	<u>Not applicable.</u>	_____
<input type="checkbox"/> Vegetation	<u>Not applicable.</u>	_____
<input type="checkbox"/> Groundwater	<u>Not applicable.</u>	_____
<input type="checkbox"/> Surface Water	<u>Not applicable.</u>	_____

REMEDIALTION WORKPLAN

Describe initial action taken (if previously provided, refer to that form or document):
Not applicable.

Describe how source is to be removed:
Not applicable.

Describe how remediation of existing impacts is to be accomplished, including removal and disposal at an injection well or licensed facility, land treatment on site, removal of impacted groundwater, insitu bioremediation, burning of oily vegetation, etc.:
Not applicable.



Tracking Number: _____ Name of Operator: North Finn, LLC. OGCC Operator No: 63830 Received Date: _____ Well Name & No: Breeze #32-20 Facility Name & No: Breeze Coal Bed Natural Gas

OGCC Employee: _____

If groundwater has been impacted, describe proposed monitoring plan (# of wells or sample points, sampling schedule, analytical methods, etc.):

Not applicable.

Describe reclamation plan. Discuss existing and new grade recontouring; method and testing of compaction alleviation; and reseeding program, including location of new seed, seed mix and noxious weed prevention. Attach diagram or drawing. Use additional sheet for description if required.

North Finn, LLC (North Finn) is planning to plug and abandon the Breeze Coal Bed Natural Gas Pilot Project (Breeze Project) well Breeze #23-20 located in Routt County, Colorado. Therefore, North Finn has submitted Form 6 to the Colorado Oil and Gas Conservation Commission (COGCC) and received approval to plug and abandon on June 7, 2009 for the well Breeze #32-20. North Finn will remove all associated production equipment and proceed in plug and abandon.

With the COGCC approval of the attached Sundry Notice, North Finn would like to relinquish all responsibility and liability to the surface landowner, Mr. Harold Earle. Mr. Earle has negotiated an agreement with North Finn to take full responsibility and liability to reclaim the Breeze #32-20 constructed well pad, and well access roads.

Please see attached Final Reclamation Plan.

Attach samples and analytical results taken to verify remediation of impacts. Show locations of samples on an onsite schematic or drawing.

Further site investigation required? [] Y [] N If yes, describe:

Not applicable.

Final disposition of E&P waste (landtreated and disposed onsite, name of licensed disposal facility, recycling, reuse, etc.):

Not applicable, E & P waste will not be generated during reclamation of well Breeze #32-20.

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: _____ Date Site Investigation Completed: _____ Date Remediation Plan Submitted: _____ Remediation Start Date: _____ Anticipated Completion Date: _____ Actual Completion Date: _____

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

Print Name: Wayne Neumiller Signed: Wayne P. Neumiller Date: 6/9/2010 Title: Manager

OGCC Approved: _____ Title: _____ Date: _____

State of Colorado
Oil and Gas Conservation Commission



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FOR OGCC USE ONLY

OGCC Employee:

Spill Complaint
 Inspection NOAV

Tracking No:

SITE INVESTIGATION AND REMEDIATION WORKPLAN

This form shall be submitted to the Director for approval prior to the initiation of site investigation and remediation activities. Form 27 is intended to be used whenever possible. Additional documentation will be required when large volumes of soil and groundwater have been impacted or involve large facilities with multiple source areas. See Rule 910. Attach as many pages as needed to fully describe the proposed work.

CAUSE OF CONDITION BEING INVESTIGATED AND REMEDIATED

Spill or Release Plug & Abandon Central Facility Closure Site/Facility Closure Other (describe): _____

OGCC Operator Number: <u>63830</u>	Contact Name and Telephone: <u>Wayne Neumiller</u>
Name of Operator: <u>North Finn, LLC.</u>	No: <u>307-237-7854</u>
Address: <u>950 Stafford</u>	Fax: <u>307-237-7628</u>
City: <u>Casper</u> State: <u>WY</u> Zip: <u>82609</u>	

API Number: <u>05-107-06193</u>	County: <u>Routt</u>
Facility Name: <u>Breeze Coal Bed Natural Gas Pilot Project</u>	Facility Number: <u>N/A</u>
Well Name: <u>Breeze</u>	Well Number: <u>#32-17</u>
Location: (QtrQtr, Sec, Twp, Rng, Meridian): <u>SWNE 20 6N 89W 6 PM</u>	Latitude: <u>40.46254</u> Longitude: <u>-107.39926</u>

TECHNICAL CONDITIONS

Type of Waste Causing Impact (crude oil, condensate, produced water, etc): Not applicable.

Site Conditions: Is location within a sensitive area (according to Rule 901e)? Y N If yes, attach evaluation.

Adjacent land use (cultivated, irrigated, dry land farming, industrial, residential, etc.): Rangeland

Soil type, if not previously identified on Form 2A or Federal Surface Use Plan: Identified on Form 2A

Potential receptors (water wells within 1/4 mi, surface waters, etc.): No water wells located with 1/4 mile.

Surface water located within 1/4 mile are unnamed tributaries of the Basin Reservoir drainage.

Description of Impact (if previously provided, refer to that form or document):

Impacted Media (check):	Extent of Impact:	How Determined:
<input type="checkbox"/> Soils	<u>Not applicable.</u>	_____
<input type="checkbox"/> Vegetation	<u>Not applicable.</u>	_____
<input type="checkbox"/> Groundwater	<u>Not applicable.</u>	_____
<input type="checkbox"/> Surface Water	<u>Not applicable.</u>	_____

REMEDATION WORKPLAN

Describe initial action taken (if previously provided, refer to that form or document):

Not applicable.

Describe how source is to be removed:

Not applicable.

Describe how remediation of existing impacts is to be accomplished, including removal and disposal at an injection well or licensed facility, land treatment on site, removal of impacted groundwater, insitu bioremediation, burning of oily vegetation, etc.:

Not applicable.



Tracking Number: _____ Name of Operator: North Finn, LLC. OGCC Operator No: 63830 Received Date: _____ Well Name & No: Breeze #32-17 Facility Name & No: Breeze Coal Bed Natural Gas

Page 2 MEDIATION WORKPLAN (Cont.)

OGCC Employee: _____

If groundwater has been impacted, describe proposed monitoring plan (# of wells or sample points, sampling schedule, analytical methods, etc.):

Not applicable.

Describe reclamation plan. Discuss existing and new grade recontouring; method and testing of compaction alleviation; and reseeding program, including location of new seed, seed mix and noxious weed prevention. Attach diagram or drawing. Use additional sheet for description if required.

North Finn, LLC (North Finn) is planning to plug and abandon the Breeze Coal Bed Natural Gas Pilot Project (Breeze Project) well Breeze #32-17 located in Routt County, Colorado. Therefore, North Finn has submitted Form 6 to the Colorado Oil and Gas Conservation Commission (COGCC) and received approval to plug and abandon on June 7, 2009 for the well Breeze #32-17. North Finn will remove all associated production equipment and proceed in plug and abandon.

With the COGCC approval of the attached Sundry Notice, North Finn would like to relinquish all responsibility and liability to the surface landowner, Mr. Harold Earle. Mr. Earle has negotiated an agreement with North Finn to take full responsibility and liability to reclaim the Breeze #32-17 constructed well pad, and well access roads.

Please see attached Final Reclamation Plan.

Attach samples and analytical results taken to verify remediation of impacts. Show locations of samples on an onsite schematic or drawing.

Further site investigation required? [] Y [] N If yes, describe:

Not applicable.

Final disposition of E&P waste (landtreated and disposed onsite, name of licensed disposal facility, recycling, reuse, etc.):

Not applicable, E & P waste will not be generated during reclamation of well Breeze #32-17.

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: _____ Date Site Investigation Completed: _____ Date Remediation Plan Submitted: _____ Remediation Start Date: _____ Anticipated Completion Date: _____ Actual Completion Date: _____

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

Print Name: Wayne Neumiller Signed: Wayne P. Neumiller : Manager Date: 6/9/2010

OGCC Approved: _____ Title: _____ Date: _____

State of Colorado
Oil and Gas Conservation Commission



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

FOR OGCC USE ONLY

OGCC Employee:

Spill Complaint
 Inspection NOAV

Tracking No:

SITE INVESTIGATION AND REMEDIATION WORKPLAN

This form shall be submitted to the Director for approval prior to the initiation of site investigation and remediation activities. Form 27 is intended to be used whenever possible. Additional documentation will be required when large volumes of soil and groundwater have been impacted or involve large facilities with multiple source areas. See Rule 910. Attach as many pages as needed to fully describe the proposed work.

CAUSE OF CONDITION BEING INVESTIGATED AND REMEDIATED

Spill or Release Plug & Abandon Central Facility Closure Site/Facility Closure Other (describe): _____

OGCC Operator Number: <u>63830</u>	Contact Name and Telephone: <u>Wayne Neumiller</u>
Name of Operator: <u>North Finn, LLC.</u>	No: <u>307-237-7854</u>
Address: <u>950 Stafford</u>	Fax: <u>307-237-7628</u>
City: <u>Casper</u> State: <u>WY</u> Zip: <u>82609</u>	

API Number: <u>05-107-06207</u>	County: <u>Routt</u>
Facility Name: <u>Breeze Coal Bed Natural Gas Pilot Project</u>	Facility Number: <u>N/A</u>
Well Name: <u>Breeze</u>	Well Number: <u>#24-16</u>
Location: (QtrQtr, Sec, Twp, Rng, Meridian): <u>SESW 16 6N 89W 6PM</u>	Latitude: <u>40.4700005</u> Longitude: <u>-107.382007</u>

TECHNICAL CONDITIONS

Type of Waste Causing Impact (crude oil, condensate, produced water, etc): Not applicable.

Site Conditions: Is location within a sensitive area (according to Rule 901e)? Y N If yes, attach evaluation.

Adjacent land use (cultivated, irrigated, dry land farming, industrial, residential, etc.): Rangeland

Soil type, if not previously identified on Form 2A or Federal Surface Use Plan: Identified on Form 2A

Potential receptors (water wells within 1/4 mi, surface waters, etc.): No water wells located with 1/4 mile.

Surface water located within 1/4 mile are unnamed tributaries of the Basin Reservoir drainage.

Description of Impact (if previously provided, refer to that form or document):

Impacted Media (check):	Extent of Impact:	How Determined:
<input type="checkbox"/> Soils	<u>Not applicable.</u>	_____
<input type="checkbox"/> Vegetation	<u>Not applicable.</u>	_____
<input type="checkbox"/> Groundwater	<u>Not applicable.</u>	_____
<input type="checkbox"/> Surface Water	<u>Not applicable.</u>	_____

REMEDATION WORKPLAN

Describe initial action taken (if previously provided, refer to that form or document):
Not applicable.

Describe how source is to be removed:
Not applicable.

Describe how remediation of existing impacts is to be accomplished, including removal and disposal at an injection well or licensed facility, land treatment on site, removal of impacted groundwater, insitu bioremediation, burning of oily vegetation, etc.:
Not applicable.



Tracking Number: Name of Operator: North Finn, LLC. OGCC Operator No: 63830 Received Date: Well Name & No: Breeze #24-16 Facility Name & No: Breeze Coal Bed Natural Gas

Page 2 MEDIATION WORKPLAN (Cont.)

OGCC Employee:

If groundwater has been impacted, describe proposed monitoring plan (# of wells or sample points, sampling schedule, analytical methods, etc.):

Not applicable.

Describe reclamation plan. Discuss existing and new grade recontouring; method and testing of compaction alleviation; and reseeding program, including location of new seed, seed mix and noxious weed prevention. Attach diagram or drawing. Use additional sheet for description if required.

North Finn, LLC (North Finn) is planning to plug and abandon the Breeze Coal Bed Natural Gas Pilot Project (Breeze Project) well Breeze #24-16 located in Routt County, Colorado. Therefore, North Finn has submitted Form 6 to the Colorado Oil and Gas Conservation Commission (COGCC) and received approval to plug and abandon on June 7, 2009 for the well Breeze #24-16. North Finn will remove all associated production equipment and proceed in plug and abandon.

With the COGCC approval of the attached Sundry Notice, North Finn would like to relinquish all responsibility and liability to the surface landowner, Mr. Harold Earle. Mr. Earle has negotiated an agreement with North Finn to take full responsibility and liability to reclaim the Breeze #24-16 constructed well pad, and well access roads.

Please see attached Final Reclamation Plan.

Attach samples and analytical results taken to verify remediation of impacts. Show locations of samples on an onsite schematic or drawing.

Further site investigation required? [] Y [] N If yes, describe:

Not applicable.

Final disposition of E&P waste (landtreated and disposed onsite, name of licensed disposal facility, recycling, reuse, etc.):

Not applicable, E & P waste will not be generated during reclamation of well Breeze #24-16.

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: Date Site Investigation Completed: Date Remediation Plan Submitted: Remediation Start Date: Anticipated Completion Date: Actual Completion Date:

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

Print Name: Wayne Neumiller Signed: Wayne P. Neumiller Date: 6/9/2010

OGCC Approved: Title: Date:

State of Colorado
Oil and Gas Conservation Commission



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

FOR OGCC USE ONLY

OGCC Employee:

Spill Complaint
 Inspection NOAV

Tracking No:

SITE INVESTIGATION AND REMEDIATION WORKPLAN

This form shall be submitted to the Director for approval prior to the initiation of site investigation and remediation activities. Form 27 is intended to be used whenever possible. Additional documentation will be required when large volumes of soil and groundwater have been impacted or involve large facilities with multiple source areas. See Rule 910. Attach as many pages as needed to fully describe the proposed work.

CAUSE OF CONDITION BEING INVESTIGATED AND REMEDIATED

Spill or Release Plug & Abandon Central Facility Closure Site/Facility Closure Other (describe): _____

OGCC Operator Number: <u>63830</u>	Contact Name and Telephone: _____
Name of Operator: <u>North Finn, LLC.</u>	<u>Wayne Neumiller</u>
Address: <u>950 Stafford</u>	No: <u>307-237-7854</u>
City: <u>Casper</u> State: <u>WY</u> Zip: <u>82609</u>	Fax: <u>307-237-7628</u>

API Number: <u>05-107-06189</u>	County: <u>Routt</u>
Facility Name: <u>Breeze Coal Bed Natural Gas Pilot Project</u>	Facility Number: <u>N/A</u>
Well Name: <u>Breeze</u>	Well Number: <u>#23-17</u>
Location: (QtrQtr, Sec, Twp, Rng, Meridian): <u>NESW 17 6N 89W 6PM</u>	Latitude: <u>40.472588</u> Longitude: <u>-107.402396</u>

TECHNICAL CONDITIONS

Type of Waste Causing Impact (crude oil, condensate, produced water, etc.): Not applicable.

Site Conditions: Is location within a sensitive area (according to Rule 901e)? Y N If yes, attach evaluation.

Adjacent land use (cultivated, irrigated, dry land farming, industrial, residential, etc.): Rangeland

Soil type, if not previously identified on Form 2A or Federal Surface Use Plan: Identified on Form 2A

Potential receptors (water wells within 1/4 mi, surface waters, etc.): No water wells located with 1/4 mile.

Surface water located within 1/4 mile are unnamed tributaries of the Basin Reservoir drainage.

Description of Impact (if previously provided, refer to that form or document):

Impacted Media (check):	Extent of Impact:	How Determined:
<input type="checkbox"/> Soils	<u>Not applicable.</u>	_____
<input type="checkbox"/> Vegetation	<u>Not applicable.</u>	_____
<input type="checkbox"/> Groundwater	<u>Not applicable.</u>	_____
<input type="checkbox"/> Surface Water	<u>Not applicable.</u>	_____

REMEDATION WORKPLAN

Describe initial action taken (if previously provided, refer to that form or document):
Not applicable.

Describe how source is to be removed:
Not applicable.

Describe how remediation of existing impacts is to be accomplished, including removal and disposal at an injection well or licensed facility, land treatment on site, removal of impacted groundwater, insitu bioremediation, burning of oily vegetation, etc.:
Not applicable.



Tracking Number: _____ Name of Operator: North Finn, LLC. OGCC Operator No: 63830 Received Date: _____ Well Name & No: Breeze #23-17 Facility Name & No: Breeze Coal Bed Natural Gas

Page 2 MEDIATION WORKPLAN (Cont.)

OGCC Employee: _____

If groundwater has been impacted, describe proposed monitoring plan (# of wells or sample points, sampling schedule, analytical methods, etc.):

Not applicable.

Describe reclamation plan. Discuss existing and new grade recontouring; method and testing of compaction alleviation; and reseeding program, including location of new seed, seed mix and noxious weed prevention. Attach diagram or drawing. Use additional sheet for description if required.

North Finn, LLC (North Finn) is planning to plug and abandon the Breeze Coal Bed Natural Gas Pilot Project (Breeze Project) well Breeze #23-17 located in Routt County, Colorado. Therefore, North Finn has submitted Form 6 to the Colorado Oil and Gas Conservation Commission (COGCC) and received approval to plug and abandon on June 7, 2009 for the well Breeze #23-17. North Finn will remove all associated production equipment and proceed in plug and abandon the well.

With the COGCC approval of the attached Sundry Notice, North Finn would like to relinquish all responsibility and liability to the surface landowner, Mr. Harold Earle. Mr. Earle has negotiated an agreement with NFL to take full responsibility and liability to reclaim the Breeze #23-17 constructed well pad, and well access roads.

Mr. Earle will convert the Breeze #23-17 into water well (Permit # 281859) as beneficial use in his ranching operations. Mr. Earle will water well permits under the Colorado State Land Board for the well Breeze #23-18 with intention to produce water for irrigation and livestock.

Please see attached Final Reclamation Plan.

Attach samples and analytical results taken to verify remediation of impacts. Show locations of samples on an onsite schematic or drawing.

Further site investigation required? Y N If yes, describe:

Not applicable.

Final disposition of E&P waste (landtreated and disposed onsite, name of licensed disposal facility, recycling, reuse, etc.):

Not applicable, E & P waste will not be generated during reclamation of well Breeze #23-17.

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: _____ Date Site Investigation Completed: _____ Date Remediation Plan Submitted: _____ Remediation Start Date: _____ Anticipated Completion Date: _____ Actual Completion Date: _____

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

Print Name: Wayne Neumiller Signed: Wayne Neumiller Title: Manager Date: 6/9/2010

OGCC Approved: _____ Title: _____ Date: _____

State of Colorado
Oil and Gas Conservation Commission



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

FOR OGCC USE ONLY

OGCC Employee:

Spill Complaint
 Inspection NOAV

Tracking No:

SITE INVESTIGATION AND REMEDIATION WORKPLAN

This form shall be submitted to the Director for approval prior to the initiation of site investigation and remediation activities. Form 27 is intended to be used whenever possible. Additional documentation will be required when large volumes of soil and groundwater have been impacted or involve large facilities with multiple source areas. See Rule 910. Attach as many pages as needed to fully describe the proposed work.

CAUSE OF CONDITION BEING INVESTIGATED AND REMEDIATED

Spill or Release Plug & Abandon Central Facility Closure Site/Facility Closure Other (describe): _____

OGCC Operator Number: <u>63830</u>	Contact Name and Telephone: _____
Name of Operator: <u>North Finn, LLC.</u>	<u>Wayne Neumiller</u>
Address: <u>950 Stafford</u>	No: <u>307-237-7854</u>
City: <u>Casper</u> State: <u>WY</u> Zip: <u>82609</u>	Fax: <u>307-237-7628</u>

API Number: <u>05-107-06190</u>	County: <u>Routt</u>
Facility Name: <u>Breeze Coal Bed Natural Gas Pilot Project</u>	Facility Number: <u>N/A</u>
Well Name: <u>Breeze</u>	Well Number: <u>#22-16</u>
Location: (QtrQtr, Sec, Twp, Rng, Meridian): <u>SENW 16 6N 89W 6PM</u> Latitude: <u>40.479757</u> Longitude: <u>-107.384461</u>	

TECHNICAL CONDITIONS

Type of Waste Causing Impact (crude oil, condensate, produced water, etc): Not applicable.

Site Conditions: Is location within a sensitive area (according to Rule 901e)? Y N If yes, attach evaluation.

Adjacent land use (cultivated, irrigated, dry land farming, industrial, residential, etc.): Rangeland

Soil type, if not previously identified on Form 2A or Federal Surface Use Plan: Identified on Form 2A

Potential receptors (water wells within 1/4 mi, surface waters, etc.): No water wells located with 1/4 mile.

Surface water located within 1/4 mile are unnamed tributaries of the Basin Reservoir drainage.

Description of Impact (if previously provided, refer to that form or document):

Impacted Media (check):	Extent of Impact:	How Determined:
<input type="checkbox"/> Soils	<u>Not applicable.</u>	_____
<input type="checkbox"/> Vegetation	<u>Not applicable.</u>	_____
<input type="checkbox"/> Groundwater	<u>Not applicable.</u>	_____
<input type="checkbox"/> Surface Water	<u>Not applicable.</u>	_____

REMEDATION WORKPLAN

Describe initial action taken (if previously provided, refer to that form or document):
Not applicable.

Describe how source is to be removed:
Not applicable.

Describe how remediation of existing impacts is to be accomplished, including removal and disposal at an injection well or licensed facility, land treatment on site, removal of impacted groundwater, insitu bioremediation, burning of oily vegetation, etc.:
Not applicable.



Tracking Number: Name of Operator: North Finn, LLC. OGCC Operator No: 63830 Received Date: Well Name & No: Breeze #22-16 Facility Name & No: Breeze Coal Bed Natural Gas

Page 2 MEDIATION WORKPLAN (Cont.)

OGCC Employee:

If groundwater has been impacted, describe proposed monitoring plan (# of wells or sample points, sampling schedule, analytical methods, etc.):

Not applicable.

Describe reclamation plan. Discuss existing and new grade recontouring; method and testing of compaction alleviation; and reseeding program, including location of new seed, seed mix and noxious weed prevention. Attach diagram or drawing. Use additional sheet for description if required.

North Finn, LLC (North Finn) is planning to plug and abandon the Breeze Coal Bed Natural Gas Pilot Project (Breeze Project) well Breeze #22-16 located in Routt County, Colorado. Therefore, North Finn has submitted Form 6 to the Colorado Oil and Gas Conservation Commission (COGCC) and received approval to plug and abandon on June 7, 2009 for the well Breeze #22-16. North Finn will remove all associated production equipment and proceed in plug and abandon.

With the COGCC approval of the attached Sundry Notice, North Finn would like to relinquish all responsibility and liability to the surface landowner, Mr. Harold Earle. Mr. Earle has negotiated an agreement with North Finn to take full responsibility and liability to reclaim the Breeze #22-16 constructed well pad, and well access roads.

Please see attached Final Reclamation Plan.

Attach samples and analytical results taken to verify remediation of impacts. Show locations of samples on an onsite schematic or drawing.

Further site investigation required? [] Y [] N If yes, describe:

Not applicable.

Final disposition of E&P waste (landtreated and disposed onsite, name of licensed disposal facility, recycling, reuse, etc.):

Not applicable, E & P waste will not be generated during reclamation of well Breeze #22-16.

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: Date Site Investigation Completed: Date Remediation Plan Submitted: Remediation Start Date: Anticipated Completion Date: Actual Completion Date:

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

Print Name: Wayne Neumiller Signed: Wayne P. Neumiller Date: 6/9/2010 Title: Manager

OGCC Approved: Title: Date:

State of Colorado
Oil and Gas Conservation Commission



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

FOR OGCC USE ONLY

OGCC Employee:

Spill Complaint
 Inspection NOAV

Tracking No:

SITE INVESTIGATION AND REMEDIATION WORKPLAN

This form shall be submitted to the Director for approval prior to the initiation of site investigation and remediation activities. Form 27 is intended to be used whenever possible. Additional documentation will be required when large volumes of soil and groundwater have been impacted or involve large facilities with multiple source areas. See Rule 910. Attach as many pages as needed to fully describe the proposed work.

CAUSE OF CONDITION BEING INVESTIGATED AND REMEDIATED

Spill or Release Plug & Abandon Central Facility Closure Site/Facility Closure Other (describe): _____

OGCC Operator Number: <u>63830</u>	Contact Name and Telephone: _____
Name of Operator: <u>North Finn, LLC.</u>	<u>Wayne Neumiller</u>
Address: <u>950 Stafford</u>	No: <u>307-237-7854</u>
City: <u>Casper</u> State: <u>WY</u> Zip: <u>82609</u>	Fax: <u>307-237-7628</u>

API Number: <u>05-107-06205</u>	County: <u>Routt</u>
Facility Name: <u>Breeze Coal Bed Natural Gas Pilot Project</u>	Facility Number: <u>N/A</u>
Well Name: <u>Breeze</u>	Well Number: <u>#13-16</u>
Location: (QtrQtr, Sec, Twp, Rng, Meridian): <u>NWSW 16 6N 89W 6 PM</u>	Latitude: <u>40.473965</u> Longitude: <u>-107.388292</u>

TECHNICAL CONDITIONS

Type of Waste Causing Impact (crude oil, condensate, produced water, etc): Not applicable.

Site Conditions: Is location within a sensitive area (according to Rule 901e)? Y N If yes, attach evaluation.

Adjacent land use (cultivated, irrigated, dry land farming, industrial, residential, etc.): Rangeland

Soil type, if not previously identified on Form 2A or Federal Surface Use Plan: Identified on Form 2A

Potential receptors (water wells within 1/4 mi, surface waters, etc.): No water wells located with 1/4 mile.

Surface water located within 1/4 mile are unnamed tributaries of the Basin Reservoir drainage.

Description of Impact (if previously provided, refer to that form or document):

Impacted Media (check):	Extent of Impact:	How Determined:
<input type="checkbox"/> Soils	<u>Not applicable.</u>	_____
<input type="checkbox"/> Vegetation	<u>Not applicable.</u>	_____
<input type="checkbox"/> Groundwater	<u>Not applicable.</u>	_____
<input type="checkbox"/> Surface Water	<u>Not applicable.</u>	_____

REMEDATION WORKPLAN

Describe initial action taken (if previously provided, refer to that form or document):
Not applicable.

Describe how source is to be removed:
Not applicable.

Describe how remediation of existing impacts is to be accomplished, including removal and disposal at an injection well or licensed facility, land treatment on site, removal of impacted groundwater, insitu bioremediation, burning of oily vegetation, etc.:
Not applicable.



Tracking Number: _____ Name of Operator: North Finn, LLC. OGCC Operator No: 63830 Received Date: _____ Well Name & No: Breeze #13-16 Facility Name & No: Breeze Coal Bed Natural Gas

Page 2 MEDIATION WORKPLAN (Cont.)

OGCC Employee: _____

If groundwater has been impacted, describe proposed monitoring plan (# of wells or sample points, sampling schedule, analytical methods, etc.):

Not applicable.

Describe reclamation plan. Discuss existing and new grade recontouring; method and testing of compaction alleviation; and reseeding program, including location of new seed, seed mix and noxious weed prevention. Attach diagram or drawing. Use additional sheet for description if required.

North Finn, LLC (North Finn) is planning to plug and abandon the Breeze Coal Bed Natural Gas Pilot Project (Breeze Project) well Breeze #13-16 located in Routt County, Colorado. Therefore, North Finn has submitted Form 6 to the Colorado Oil and Gas Conservation Commission (COGCC) and received approval to plug and abandon on June 7, 2009 for the well Breeze #13-16. North Finn will remove all associated production equipment and proceed in plug and abandon.

With the COGCC approval of the attached Sundry Notice, North Finn would like to relinquish all responsibility and liability to the surface landowner, Mr. Harold Earle. Mr. Earle has negotiated an agreement with North Finn to take full responsibility and liability to reclaim the Breeze #13-16 constructed well pad, and well access roads.

Please see attached Final Reclamation Plan.

Attach samples and analytical results taken to verify remediation of impacts. Show locations of samples on an onsite schematic or drawing.

Further site investigation required? Y N If yes, describe:

Not applicable.

Final disposition of E&P waste (landtreated and disposed onsite, name of licensed disposal facility, recycling, reuse, etc.):

Not applicable, E & P waste will not be generated during reclamation of well Breeze #13-16.

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: _____ Date Site Investigation Completed: _____ Date Remediation Plan Submitted: _____ Remediation Start Date: _____ Anticipated Completion Date: _____ Actual Completion Date: _____

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete. Print Name: Wayne Neumiller Signed: Wayne R Neumiller as: Manager Date: 6/9/2008

OGCC Approved: _____ Title: _____ Date: _____

ATTACHMENT D

Form 4 – Sundry Notice

State of Colorado
 Oil and Gas Conservation Commission

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



DE	ET	OE	ES

SUNDRY NOTICE

Submit original plus one copy. This form is to be used for general, technical and environmental sundry Information. For proposed or completed operations, describe in full on Technical Information Page (Page 2 of this form.) Identify well or other facility by API Number or by OGCC Facility ID. Operator shall send an informational copy of all sundry notices for wells located in High Density Areas to the Local Government Designee (Rule 603b.)

1. OGCC Operator Number: <u>63830</u>	4. Contact Name <u>Wayne Neumiller</u>	Complete the Attachment Checklist OP OGCC
2. Name of Operator: <u>North Finn, LLC.</u>	Phone: <u>307-237-7554</u>	
3. Address: <u>950 Stafford</u> City: <u>Casper</u> State: <u>WY</u> Zip: <u>82609</u>	Fax: <u>307-237-7628</u>	
5. API Number <u>05-107-06192</u>	OGCC Facility ID Number	Survey Plat
6. Well/Facility Name: <u>Breeze #11-20</u>	7. Well/Facility Number	Directional Survey
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>NWNW 20 6N 89W 6PM</u>		Surface Eqpmt Diagram
9. County: <u>Routt</u>	10. Field Name: <u>Breeze Basin - #7540</u>	Technical Info Page
11. Federal, Indian or State Lease Number: <u>99/7053-S</u>		Other

General Notice

<input type="checkbox"/> CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/qtr is substantive and requires a new permit)					
Change of Surface Footage from Exterior Section Lines:	<input type="checkbox"/>	FNL/FSL <input type="checkbox"/>	FEL/FWL <input type="checkbox"/>		
Change of Surface Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Change of Bottomhole Footage from Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Change of Bottomhole Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> attach directional survey		
Bottomhole location Qtr/Qtr, Sec, Twp, Rng, Mer	Latitude _____				
Longitude _____	Distance to nearest property line _____	Distance to nearest bldg, public rd, utility or RR _____			
Ground Elevation _____	Distance to nearest lease line _____	Is location in a High Density Area (rule 603b)? Yes/No <input type="checkbox"/>			
	Distance to nearest well same formation _____	Surface owner consultation date: _____			
GPS DATA: Date of Measurement _____ PDOP Reading _____ Instrument Operator's Name _____					
<input type="checkbox"/> CHANGE SPACING UNIT Formation _____ Formation Code _____ Spacing order number _____ Unit Acreage _____ Unit configuration _____			<input type="checkbox"/> Remove from surface bond Signed surface use agreement attached		
<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling): Effective Date: _____ Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual		<input type="checkbox"/> CHANGE WELL NAME NUMBER From: _____ To: _____ Effective Date: _____			
<input type="checkbox"/> ABANDONED LOCATION: Was location ever built? <input type="checkbox"/> Yes <input type="checkbox"/> No Is site ready for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Ready for Inspection: _____		<input type="checkbox"/> NOTICE OF CONTINUED SHUT IN STATUS Date well shut in or temporarily abandoned: _____ Has Production Equipment been removed from site? <input type="checkbox"/> Yes <input type="checkbox"/> No MIT required if shut in longer than two years. Date of last MIT _____			
<input type="checkbox"/> SPUD DATE: _____		<input type="checkbox"/> REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)			
<input type="checkbox"/> SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK *submit cbl and cement job summaries Method used _____ Cementing tool setting/perf depth _____ Cement volume _____ Cement top _____ Cement bottom _____ Date _____					
<input type="checkbox"/> RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004. Final reclamation will commence on approximately _____ <input type="checkbox"/> Final reclamation is completed and site is ready for inspection.					

Technical Engineering/Environmental Notice

<input type="checkbox"/> Notice of Intent Approximate Start Date: _____		<input type="checkbox"/> Report of Work Done Date Work Completed: _____	
Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)			
<input type="checkbox"/> Intent to Recomplete (submit form 2)	<input type="checkbox"/> Request to Vent or Flare	<input type="checkbox"/> E&P Waste Disposal	
<input type="checkbox"/> Change Drilling Plans	<input type="checkbox"/> Repair Well	<input type="checkbox"/> Beneficial Reuse of E&P Waste	
<input type="checkbox"/> Gross Interval Changed?	<input type="checkbox"/> Rule 502 variance requested	<input type="checkbox"/> Status Update/Change of Remediation Plans	
<input type="checkbox"/> Casing/Cementing Program Change	<input checked="" type="checkbox"/> Other: <u>Change of Responsibility for Spills and Releases</u>		

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

Signed: Wayne P. Neumiller Date: 6/9/2010 Email: wneumiller@wyoming.com
 Print Name: Wayne Neumiller Title: Manager

COGCC Approved: _____ Title: _____ Date: _____
 CONDITIONS OF APPROVAL, IF ANY: _____

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1. OGCC Operator Number: <u>63830</u>	API Number: <u>05-107-06192</u>
2. Name of Operator: <u>North Finn, LLC.</u>	OGCC Facility ID # _____
3. Well/Facility Name: <u>Breeze #11-20</u>	Well/Facility Number: _____
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>NWNW 20 6N 89W 6PM</u>	

This form is to be completed whenever a Sundry Notice is submitted requiring detailed report of work to be performed or completed. This form shall be transmitted within 30 days of work completed as a "subsequent" report and must accompany Form 4, page 1.

5. DESCRIBE PROPOSED OR COMPLETED OPERATIONS

North Finn, LLC (NFL) is planning to plug and abandon the Breeze Coal Bed Natural Gas Pilot Project (Breeze Project) wells located in Routt County, Colorado. The project covers Sections 16, 17, 18, 19, and 20 of T6N R89W with a combination of State of Colorado and private surface landowners with the State as mineral owner. NFL has no intention to proceed with further production activities for the nine (9) constructed wells located within the facility. Therefore, NFL has submitted Form 6 to the Colorado Oil and Gas Conservation Commission (COGCC) for approval to plug and abandon the nine (9) constructed wells. With COGCC Form 6 approval, NFL will remove all associated production equipment from the well site and proceed to plug and abandon the Breeze #11-20 well. Interim reclamation has been completed in the areas not directly associated with natural gas production.

With the COGCC approval of the attached Sundry Notice, NFL would like to relinquish all responsibility and liability to the surface landowner, Mr. Harold Earle. Mr. Earle has negotiated an agreement with NFL to take full responsibility and liability to reclaim the Breeze #11-20 constructed well pad, and well access roads.

Please see attached Final Reclamation Plan.

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1. OGCC Operator Number: 63830	API Number: 05-107-06206
2. Name of Operator: North Finn, LLC.	OGCC Facility ID #
3. Well/Facility Name: Breeze #43-18	Well/Facility Number:
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): NESE 18 6N 89W 6PM	

This form is to be completed whenever a Sundry Notice is submitted requiring detailed report of work to be performed or completed. This form shall be transmitted within 30 days of work completed as a "subsequent" report and must accompany Form 4, page 1.

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Mr. Earle will convert the Breeze #43-18 into water well and leave the ten constructed evaporation ponds for beneficial use in his ranching operations. Mr. Earle will water well permits under the Colorado State Land Board for the well Breeze #43-18 with intention to produce water for irrigation and livestock.

Please see attached Final Reclamation Plan.

State of Colorado
 Oil and Gas Conservation Commission

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



DE	ET	OE	ES

SUNDRY NOTICE

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1. OGCC Operator Number: <u>63830</u>	4. Contact Name <u>Wayne Neumiller</u>	Complete the Attachment Checklist OP OGCC
2. Name of Operator: <u>North Finn, LLC.</u>	Phone: <u>307-237-7554</u>	
3. Address: <u>950 Stafford</u> City: <u>Casper</u> State: <u>WY</u> Zip: <u>82609</u>	Fax: <u>307-237-7628</u>	
5. API Number <u>05-107-06189</u>	OGCC Facility ID Number	Survey Plat
6. Well/Facility Name: <u>Breeze #23-17</u>	7. Well/Facility Number	Directional Survey
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): <u>NESW 17 6N 89W 6PM</u>		Surface Eqmpt Diagram
9. County: <u>Routt</u>	10. Field Name: <u>Wildcat - #99999</u>	Technical Info Page
11. Federal, Indian or State Lease Number: <u>94/2056-S</u>		Other

General Notice

<input type="checkbox"/> CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/qtr is substantive and requires a new permit)													
Change of Surface Footage from Exterior Section Lines:	<table border="1"> <tr> <td></td> <td>FNL/FSL</td> <td></td> <td>FEL/FWL</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		FNL/FSL		FEL/FWL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	FNL/FSL		FEL/FWL										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Change of Bottomhole Footage from Exterior Section Lines:	<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
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Change of Bottomhole Footage to Exterior Section Lines:	<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> attach directional survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Bottomhole location Qtr/Qtr, Sec, Twp, Rng, Mer _____ Latitude _____ Distance to nearest property line _____ Distance to nearest bldg, public rd, utility or RR _____ Longitude _____ Distance to nearest lease line _____ Is location in a High Density Area (rule 603b)? Yes/No <input type="checkbox"/> Ground Elevation _____ Distance to nearest well same formation _____ Surface owner consultation date: _____													
GPS DATA: Date of Measurement _____ PDOP Reading _____ Instrument Operator's Name _____													
<input type="checkbox"/> CHANGE SPACING UNIT Formation _____ Formation Code _____ Spacing order number _____ Unit Acreage _____ Unit configuration _____	<input type="checkbox"/> Remove from surface bond Signed surface use agreement attached												
<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling): Effective Date: _____ Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual	<input type="checkbox"/> CHANGE WELL NAME NUMBER From: _____ To: _____ Effective Date: _____												
<input type="checkbox"/> ABANDONED LOCATION: Was location ever built? <input type="checkbox"/> Yes <input type="checkbox"/> No Is site ready for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Ready for Inspection: _____	<input type="checkbox"/> NOTICE OF CONTINUED SHUT IN STATUS Date well shut in or temporarily abandoned: _____ Has Production Equipment been removed from site? <input type="checkbox"/> Yes <input type="checkbox"/> No MIT required if shut in longer than two years. Date of last MIT _____												
<input type="checkbox"/> SPUD DATE: _____	<input type="checkbox"/> REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)												
<input type="checkbox"/> SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK *submit cbl and cement job summaries <table border="1"> <tr> <td>Method used</td> <td>Cementing tool setting/perf depth</td> <td>Cement volume</td> <td>Cement top</td> <td>Cement bottom</td> <td>Date</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>		Method used	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom	Date						
Method used	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom	Date								
<input type="checkbox"/> RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004. Final reclamation will commence on approximately _____ <input type="checkbox"/> Final reclamation is completed and site is ready for inspection.													

Technical Engineering/Environmental Notice

<input type="checkbox"/> Notice of Intent Approximate Start Date: _____	<input type="checkbox"/> Report of Work Done Date Work Completed: _____
Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)	
<input type="checkbox"/> Intent to Recomplete (submit form 2) <input type="checkbox"/> Change Drilling Plans <input type="checkbox"/> Gross Interval Changed? <input type="checkbox"/> Casing/Cementing Program Change	<input type="checkbox"/> Request to Vent or Flare <input type="checkbox"/> Repair Well <input type="checkbox"/> Rule 502 variance requested <input checked="" type="checkbox"/> Other: <u>Change of Responsibility</u> for Spills and Releases
<input type="checkbox"/> E&P Waste Disposal <input type="checkbox"/> Beneficial Reuse of E&P Waste <input type="checkbox"/> Status Update/Change of Remediation Plans	

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

Signed: Wayne P. Neumiller Date: 6/9/2010 Email: wneumiller@wyoming.com
 Print Name: Wayne Neumiller Title: Manager

COGCC Approved: _____ Title: _____ Date: _____

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1. OGCC Operator Number: 63830	API Number: 05-107-06189
2. Name of Operator: North Finn, LLC.	OGCC Facility ID #
3. Well/Facility Name: Breeze #23-17	Well/Facility Number:
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): NESW 17 6N 89W 6PM	

This form is to be completed whenever a Sundry Notice is submitted requiring detailed report of work to be performed or completed. This form shall be transmitted within 30 days of work completed as a "subsequent" report and must accompany Form 4, page 1.

5. **DESCRIBE PROPOSED OR COMPLETED OPERATIONS**

North Finn, LLC (NFL) is planning to plug and abandon the Breeze Coal Bed Natural Gas Pilot Project (Breeze Project) wells located in Routt County, Colorado. The project covers Sections 16, 17, 18, 19, and 20 of T6N R89W with a combination of State of Colorado and private surface landowners with the State as mineral owner. NFL has no intention to proceed with further production activities for the nine (9) constructed wells located within the facility. Therefore, NFL has submitted Form 6 to the Colorado Oil and Gas Conservation Commission (COGCC) for approval to plug and abandon the nine (9) constructed wells. With COGCC Form 6 approval, NFL will remove all associated production equipment from the well site and proceed to plug and abandon the Breeze #23-17 well. Interim reclamation has been completed in the areas not directly associated with natural gas production.

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Please see attached Final Reclamation Plan.

State of Colorado
Oil and Gas Conservation Commission

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



DE	ET	OE	ES

SUNDRY NOTICE

Submit original plus one copy. This form is to be used for general, technical and environmental sundry information. For proposed or completed operations, describe in full on Technical Information Page (Page 2 of this form.) Identify well or other facility by API Number or by OGCC Facility ID. Operator shall send an informational copy of all sundry notices for wells located in High Density Areas to the Local Government Designee (Rule 603b.)

1. OGCC Operator Number: <u>63830</u>	4. Contact Name <u>Wayne Neumiller</u>	Complete the Attachment Checklist OP OGCC
2. Name of Operator: <u>North Finn, LLC.</u>	Phone: <u>307-237-7554</u>	
3. Address: <u>950 Stafford</u> City: <u>Casper</u> State: <u>WY</u> Zip: <u>82609</u>	Fax: <u>307-237-7628</u>	
5. API Number <u>05-107-060206</u>	OGCC Facility ID Number _____	Survey Plat
6. Well/Facility Name: <u>Breeze #43-18</u>	7. Well/Facility Number _____	Directional Survey
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): <u>NESE 18 6N 89W 6PM</u>		Surface Eqmpt Diagram
9. County: <u>Routt</u>	10. Field Name: <u>Breeze Basin - #7540</u>	Technical Info Page
11. Federal, Indian or State Lease Number: <u>94-2057S</u>		Other

General Notice

<input type="checkbox"/> CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/qtr is substantive and requires a new permit)			
Change of Surface Footage from Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Surface Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage from Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bottomhole location Qtr/Qtr, Sec, Twp, Rng, Mer	attach directional survey		
Latitude _____	Distance to nearest property line _____	Distance to nearest bldg, public rd, utility or RR _____	
Longitude _____	Distance to nearest lease line _____	Is location in a High Density Area (rule 603b)? Yes/No <input type="checkbox"/>	
Ground Elevation _____	Distance to nearest well same formation _____	Surface owner consultation date: _____	
GPS DATA: Date of Measurement _____ PDOP Reading _____ Instrument Operator's Name _____			
<input type="checkbox"/> CHANGE SPACING UNIT Formation _____ Formation Code _____ Spacing order number _____ Unit Acreage _____ Unit configuration _____			<input type="checkbox"/> Remove from surface bond Signed surface use agreement attached
<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling): Effective Date: _____ Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual		<input type="checkbox"/> CHANGE WELL NAME NUMBER From: _____ To: _____ Effective Date: _____	
<input type="checkbox"/> ABANDONED LOCATION: Was location ever built? <input type="checkbox"/> Yes <input type="checkbox"/> No Is site ready for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Ready for Inspection: _____		<input type="checkbox"/> NOTICE OF CONTINUED SHUT IN STATUS Date well shut in or temporarily abandoned: _____ Has Production Equipment been removed from site? <input type="checkbox"/> Yes <input type="checkbox"/> No MIT required if shut in longer than two years. Date of last MIT _____	
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<input type="checkbox"/> SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK *submit cbl and cement job summaries Method used _____ Cementing tool setting/perf depth _____ Cement volume _____ Cement top _____ Cement bottom _____ Date _____			
<input type="checkbox"/> RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004. Final reclamation will commence on approximately _____ <input type="checkbox"/> Final reclamation is completed and site is ready for inspection.			

Technical Engineering/Environmental Notice

<input type="checkbox"/> Notice of Intent Approximate Start Date: _____		<input type="checkbox"/> Report of Work Done Date Work Completed: _____	
Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)			
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I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: Wayne P. Neumiller Date: 6/19/2010 Email: wneumiller@wyoming.com
Print Name: Wayne P. Neumiller Title: Manager

COGCC Approved: _____ Title: _____ Date: _____

CONDITIONS OF APPROVAL, IF ANY:



DE	ET	OE	ES

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5. API Number <u>05-107-06191</u>	OGCC Facility ID Number	Survey Plat
6. Well/Facility Name: <u>Breeze #32-17</u>	7. Well/Facility Number	Directional Survey
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): <u>SWNE 17 6N 89W 6PM</u>		Surface Eqmpt Diagram
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11. Federal, Indian or State Lease Number: <u>94/2056-S</u>		Other

General Notice

CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/qtr is substantive and requires a new permit)

Change of Surface Footage from Exterior Section Lines:	<input type="checkbox"/>	FNL/FSL	<input type="checkbox"/>	FEL/FWL	<input type="checkbox"/>
Change of Surface Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage from Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bottomhole location Qtr/Qtr, Sec, Twp, Rng, Mer _____
 Latitude _____ Distance to nearest property line _____ Distance to nearest bldg, public rd, utility or RR _____
 Longitude _____ Distance to nearest lease line _____ Is location in a High Density Area (rule 603b)? Yes/No
 Ground Elevation _____ Distance to nearest well same formation _____ Surface owner consultation date: _____

attach directional survey

GPS DATA:
 Date of Measurement _____ PDOP Reading _____ Instrument Operator's Name _____

CHANGE SPACING UNIT
 Formation _____ Formation Code _____ Spacing order number _____ Unit Acreage _____ Unit configuration _____

Remove from surface bond
 Signed surface use agreement attached

CHANGE OF OPERATOR (prior to drilling):
 Effective Date: _____
 Plugging Bond: Blanket Individual

CHANGE WELL NAME NUMBER
 From: _____
 To: _____
 Effective Date: _____

ABANDONED LOCATION:
 Was location ever built? Yes No
 Is site ready for inspection? Yes No
 Date Ready for Inspection: _____

NOTICE OF CONTINUED SHUT IN STATUS
 Date well shut in or temporarily abandoned: _____
 Has Production Equipment been removed from site? Yes No
 MIT required if shut in longer than two years. Date of last MIT _____

SPUD DATE: _____

REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)

SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK *submit cbl and cement job summaries
 Method used _____ Cementing tool setting/perf depth _____ Cement volume _____ Cement top _____ Cement bottom _____ Date _____

RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004.
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Technical Engineering/Environmental Notice

Notice of Intent Approximate Start Date: _____

Report of Work Done Date Work Completed: _____

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<input type="checkbox"/> Change Drilling Plans	<input type="checkbox"/> Repair Well	<input type="checkbox"/> Beneficial Reuse of E&P Waste
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<input type="checkbox"/> Casing/Cementing Program Change	<input checked="" type="checkbox"/> Other: <u>Change of Responsibility</u> for Spills and Releases	

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

Signed: Wayne P. Neumiller Date: 10/19/2010 Email: Wneumiller@wyoenergy.com
 Print Name: Wayne P Neumiller Title: Manager

COGCC Approved: _____ Title: _____ Date: _____

CONDITIONS OF APPROVAL, IF ANY: _____

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1. OGCC Operator Number: 63830	API Number: 05-107-06191
2. Name of Operator: North Finn, LLC.	OGCC Facility ID #
3. Well/Facility Name: Breeze #32-17	Well/Facility Number:
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): SWNE 17 6N 89W 6PM	

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Please see attached Final Reclamation Plan.

State of Colorado
Oil and Gas Conservation Commission



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

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5. API Number <u>05-107-06193</u> OGCC Facility ID Number _____ 6. Well/Facility Name: <u>Breeze #32-20</u> 7. Well/Facility Number _____ 8. Location (Qtr/qr, Sec, Twp, Rng, Meridian): <u>SWNE 20 6N 89W 6PM</u> 9. County: <u>Routt</u> 10. Field Name: <u>Wildcat - #99999</u> 11. Federal, Indian or State Lease Number: <u>99/7053-S</u>		

Survey Plat	Directional Survey	Surface Eqpmt Diagram	Technical Info Page
Other	x		

General Notice

<input type="checkbox"/> CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/qr is substantive and requires a new permit)			
Change of Surface Footage from Exterior Section Lines:	FNL/FSL	FEL/FWL	
Change of Surface Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage from Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Bottomhole location Qtr/qr, Sec, Twp, Rng, Mer Latitude _____ Distance to nearest property line _____ Distance to nearest bldg, public rd, utility or RR _____ Longitude _____ Distance to nearest lease line _____ Is location in a High Density Area (rule 603b)? Yes/No <input type="checkbox"/> Ground Elevation _____ Distance to nearest well same formation _____ Surface owner consultation date: _____			
GPS DATA: Date of Measurement _____ PDOP Reading _____ Instrument Operator's Name _____			
<input type="checkbox"/> CHANGE SPACING UNIT Formation _____ Formation Code _____ Spacing order number _____ Unit Acreage _____ Unit configuration _____		<input type="checkbox"/> Remove from surface bond Signed surface use agreement attached	
<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling): Effective Date: _____ Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual		<input type="checkbox"/> CHANGE WELL NAME NUMBER From: _____ To: _____ Effective Date: _____	
<input type="checkbox"/> ABANDONED LOCATION: Was location ever built? <input type="checkbox"/> Yes <input type="checkbox"/> No Is site ready for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Ready for Inspection: _____		<input type="checkbox"/> NOTICE OF CONTINUED SHUT IN STATUS Date well shut in or temporarily abandoned: _____ Has Production Equipment been removed from site? <input type="checkbox"/> Yes <input type="checkbox"/> No MIT required if shut in longer than two years. Date of last MIT _____	
<input type="checkbox"/> SPUD DATE: _____		<input type="checkbox"/> REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)	
<input type="checkbox"/> SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK *submit cbl and cement job summaries Method used _____ Cementing tool setting/perf depth _____ Cement volume _____ Cement top _____ Cement bottom _____ Date _____			
<input type="checkbox"/> RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004. Final reclamation will commence on approximately _____ <input type="checkbox"/> Final reclamation is completed and site is ready for inspection.			

Technical Engineering/Environmental Notice

<input type="checkbox"/> Notice of Intent Approximate Start Date: _____		<input type="checkbox"/> Report of Work Done Date Work Completed: _____	
Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)			
<input type="checkbox"/> Intent to Recomplete (submit form 2)	<input type="checkbox"/> Request to Vent or Flare	<input type="checkbox"/> E&P Waste Disposal	
<input type="checkbox"/> Change Drilling Plans	<input type="checkbox"/> Repair Well	<input type="checkbox"/> Beneficial Reuse of E&P Waste	
<input type="checkbox"/> Gross Interval Changed?	<input type="checkbox"/> Rule 502 variance requested	<input type="checkbox"/> Status Update/Change of Remediation Plans	
<input type="checkbox"/> Casing/Cementing Program Change	<input checked="" type="checkbox"/> Other: <u>Change of Responsibility for Spills and Releases</u>		

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

Signed: Wayne P. Neumiller Date: 10/9/2010 Email: wneumiller@wyoming.com
 Print Name: Wayne Neumiller Title: Manager

COGCC Approved: _____ Title: _____ Date: _____

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1. OGCC Operator Number: <u>63830</u> API Number: <u>05-107-06193</u>
2. Name of Operator: <u>North Finn, LLC.</u> OGCC Facility ID # _____
3. Well/Facility Name: <u>Breeze #32-20</u> Well/Facility Number: _____
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>SWNE 20 6N 89W 6PM</u>

This form is to be completed whenever a Sundry Notice is submitted requiring detailed report of work to be performed or completed. This form shall be transmitted within 30 days of work completed as a "subsequent" report and must accompany Form 4, page 1.

5. **DESCRIBE PROPOSED OR COMPLETED OPERATIONS**

North Finn, LLC (NFL) is planning to plug and abandon the Breeze Coal Bed Natural Gas Pilot Project (Breeze Project) wells located in Routt County, Colorado. The project covers Sections 16, 17, 18, 19, and 20 of T6N R89W with a combination of State of Colorado and private surface landowners with the State as mineral owner. NFL has no intention to proceed with further production activities for the nine (9) constructed wells located within the facility. Therefore, NFL has submitted Form 6 to the Colorado Oil and Gas Conservation Commission (COGCC) for approval to plug and abandon the nine (9) constructed wells. With COGCC Form 6 approval, NFL will remove all associated production equipment from the well site and proceed to plug and abandon the Breeze #32-20 well. Interim reclamation has been completed in the areas not directly associated with natural gas production.

With the COGCC approval of the attached Sundry Notice, NFL would like to relinquish all responsibility and liability to the surface landowner, Mr. Harold Earle. Mr. Earle has negotiated an agreement with NFL to take full responsibility and liability to reclaim the Breeze #32-20 constructed well pad, and well access roads.

Please see attached Final Reclamation Plan.

State of Colorado
Oil and Gas Conservation Commission

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



DE	ET	OE	ES

SUNDRY NOTICE

Submit original plus one copy. This form is to be used for general, technical and environmental sundry Information. For proposed or completed operations, describe in full on Technical Information Page (Page 2 of this form.) Identify well or other facility by API Number or by OGCC Facility ID. Operator shall send an informational copy of all sundry notices for wells located in High Density Areas to the Local Government Designee (Rule 603b.)

1. OGCC Operator Number: <u>63830</u>	4. Contact Name <u>Wayne Neumiller</u>	Complete the Attachment Checklist OP OGCC
2. Name of Operator: <u>North Finn, LLC.</u>	Phone: <u>307-237-7554</u>	
3. Address: <u>950 Stafford</u> City: <u>Casper</u> State: <u>WY</u> Zip: <u>82609</u>	Fax: <u>307-237-7628</u>	
5. API Number <u>05-107-06207</u>	OGCC Facility ID Number	Survey Plat
6. Well/Facility Name: <u>Breeze #24-16</u>	7. Well/Facility Number	Directional Survey
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>SESW 16 6N 89W 6PM</u>		Surface Eqpmt Diagram
9. County: <u>Routt</u>	10. Field Name: <u>Wildcat -#99999</u>	Technical Info Page
11. Federal, Indian or State Lease Number: <u>None</u>		Other

General Notice

<input type="checkbox"/> CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/qtr is substantive and requires a new permit)			
Change of Surface Footage from Exterior Section Lines:	<input type="checkbox"/>	FNL/FSL <input type="checkbox"/>	FEL/FWL <input type="checkbox"/>
Change of Surface Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage from Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bottomhole location Qtr/Qtr, Sec, Twp, Rng, Mer	attach directional survey		
Latitude	Distance to nearest property line	Distance to nearest bldg, public rd, utility or RR	
Longitude	Distance to nearest lease line	Is location in a High Density Area (rule 603b)? Yes/No <input type="checkbox"/>	
Ground Elevation	Distance to nearest well same formation	Surface owner consultation date: _____	
GPS DATA: Date of Measurement _____ PDOP Reading _____ Instrument Operator's Name _____			
<input type="checkbox"/> CHANGE SPACING UNIT Formation _____ Formation Code _____ Spacing order number _____ Unit Acreage _____ Unit configuration _____			<input type="checkbox"/> Remove from surface bond Signed surface use agreement attached
<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling): Effective Date: _____ Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual		<input type="checkbox"/> CHANGE WELL NAME NUMBER From: _____ To: _____ Effective Date: _____	
<input type="checkbox"/> ABANDONED LOCATION: Was location ever built? <input type="checkbox"/> Yes <input type="checkbox"/> No Is site ready for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Ready for Inspection: _____		<input type="checkbox"/> NOTICE OF CONTINUED SHUT IN STATUS Date well shut in or temporarily abandoned: _____ Has Production Equipment been removed from site? <input type="checkbox"/> Yes <input type="checkbox"/> No MIT required if shut in longer than two years. Date of last MIT _____	
<input type="checkbox"/> SPUD DATE: _____		<input type="checkbox"/> REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)	
<input type="checkbox"/> SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK *submit cbl and cement job summaries Method used _____ Cementing tool setting/perf depth _____ Cement volume _____ Cement top _____ Cement bottom _____ Date _____			
<input type="checkbox"/> RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004. Final reclamation will commence on approximately _____ <input type="checkbox"/> Final reclamation is completed and site is ready for inspection.			

Technical Engineering/Environmental Notice

<input type="checkbox"/> Notice of Intent Approximate Start Date: _____	<input type="checkbox"/> Report of Work Done Date Work Completed: _____
Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)	
<input type="checkbox"/> Intent to Recomplete (submit form 2) <input type="checkbox"/> Change Drilling Plans <input type="checkbox"/> Gross Interval Changed? <input type="checkbox"/> Casing/Cementing Program Change	<input type="checkbox"/> Request to Vent or Flare <input type="checkbox"/> Repair Well <input type="checkbox"/> Rule 502 variance requested <input checked="" type="checkbox"/> Other: <u>Change of Responsibility for Spills and Releases</u>
<input type="checkbox"/> E&P Waste Disposal <input type="checkbox"/> Beneficial Reuse of E&P Waste <input type="checkbox"/> Status Update/Change of Remediation Plans	

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

Signed: Wayne P. Neumiller Date: 6/9/2010 Email: wneumiller@wyoming.com
 Print Name: Wayne Neumiller Title: Manager

COGCC Approved: _____ Title: _____ Date: _____
 CONDITIONS OF APPROVAL, IF ANY: _____

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1. OGCC Operator Number: <u>63830</u> API Number: <u>05-107-06207</u>
2. Name of Operator: <u>North Finn, LLC.</u> OGCC Facility ID # _____
3. Well/Facility Name: <u>Breeze #24-16</u> Well/Facility Number: _____
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>SESW 16 6N 89W 6PM</u>

This form is to be completed whenever a Sundry Notice is submitted requiring detailed report of work to be performed or completed. This form shall be transmitted within 30 days of work completed as a "subsequent" report and must accompany Form 4, page 1.

5. **DESCRIBE PROPOSED OR COMPLETED OPERATIONS**

North Finn, LLC (NFL) is planning to plug and abandon the Breeze Coal Bed Natural Gas Pilot Project (Breeze Project) wells located in Routt County, Colorado. The project covers Sections 16, 17, 18, 19, and 20 of T6N R89W with a combination of State of Colorado and private surface landowners with the State as mineral owner. NFL has no intention to proceed with further production activities for the nine (9) constructed wells located within the facility. Therefore, NFL has submitted Form 6 to the Colorado Oil and Gas Conservation Commission (COGCC) for approval to plug and abandon the nine (9) constructed wells. With COGCC Form 6 approval, NFL will remove all associated production equipment from the well site and proceed to plug and abandon the Breeze #24-16 well. Interim reclamation has been completed in the areas not directly associated with natural gas production.

With the COGCC approval of the attached Sundry Notice, NFL would like to relinquish all responsibility and liability to the surface landowner, Mr. Harold Earle. Mr. Earle has negotiated an agreement with NFL to take full responsibility and liability to reclaim the Breeze #24-16 constructed well pad, and well access roads.

Please see attached Final Reclamation Plan.



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SUNDRY NOTICE

Submit original plus one copy. This form is to be used for general, technical and environmental sundry Information. For proposed or completed operations, describe in full on Technical Information Page (Page 2 of this form.) Identify well or other facility by API Number or by OGCC Facility ID. Operator shall send an informational copy of all sundry notices for wells located in High Density Areas to the Local Government Designee (Rule 603b.)

1. OGCC Operator Number: <u>63830</u>	4. Contact Name <u>Wayne Neumiller</u>	Complete the Attachment Checklist OP OGCC
2. Name of Operator: <u>North Finn, LLC.</u>	Phone: <u>307-237-7554</u>	
3. Address: <u>950 Stafford</u> City: <u>Casper</u> State: <u>WY</u> Zip: <u>82609</u>	Fax: <u>307-237-7628</u>	
5. API Number <u>05-107-06190</u>	OGCC Facility ID Number _____	Survey Plat
6. Well/Facility Name: <u>Breeze #22-16</u>	7. Well/Facility Number _____	Directional Survey
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): <u>SENW 16 6N 89W 6PM</u>		Surface Eqmpt Diagram
9. County: <u>Routt</u>	10. Field Name: <u>Wildcat - #99999</u>	Technical Info Page
11. Federal, Indian or State Lease Number: <u>None</u>		Other

General Notice

CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/qtr is substantive and requires a new permit)

	FNL/FSL	FEL/FWL
Change of Surface Footage from Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>
Change of Surface Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage from Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>

Bottomhole location Qtr/Qtr, Sec, Twp, Rng, Mer _____
 Latitude _____ Distance to nearest property line _____ Distance to nearest bldg, public rd, utility or RR _____
 Longitude _____ Distance to nearest lease line _____ Is location in a High Density Area (rule 603b)? Yes/No
 Ground Elevation _____ Distance to nearest well same formation _____ Surface owner consultation date: _____

attach directional survey

GPS DATA:
 Date of Measurement _____ PDOP Reading _____ Instrument Operator's Name _____

CHANGE SPACING UNIT
 Formation _____ Formation Code _____ Spacing order number _____ Unit Acreage _____ Unit configuration _____

Remove from surface bond
 Signed surface use agreement attached

CHANGE OF OPERATOR (prior to drilling):
 Effective Date: _____
 Plugging Bond: Blanket Individual

CHANGE WELL NAME NUMBER
 From: _____
 To: _____
 Effective Date: _____

ABANDONED LOCATION:
 Was location ever built? Yes No
 Is site ready for inspection? Yes No
 Date Ready for Inspection: _____

NOTICE OF CONTINUED SHUT IN STATUS
 Date well shut in or temporarily abandoned: _____
 Has Production Equipment been removed from site? Yes No
 MIT required if shut in longer than two years. Date of last MIT _____

SPUD DATE: _____

REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)

SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK *submit cbl and cement job summaries
 Method used _____ Cementing tool setting/perf depth _____ Cement volume _____ Cement top _____ Cement bottom _____ Date _____

RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004.
 Final reclamation will commence on approximately _____ Final reclamation is completed and site is ready for inspection.

Technical Engineering/Environmental Notice

Notice of Intent Approximate Start Date: _____

Report of Work Done Date Work Completed: _____

Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)

<input type="checkbox"/> Intent to Recomplete (submit form 2)	<input type="checkbox"/> Request to Vent or Flare	<input type="checkbox"/> E&P Waste Disposal
<input type="checkbox"/> Change Drilling Plans	<input type="checkbox"/> Repair Well	<input type="checkbox"/> Beneficial Reuse of E&P Waste
<input type="checkbox"/> Gross Interval Changed?	<input type="checkbox"/> Rule 502 variance requested	<input type="checkbox"/> Status Update/Change of Remediation Plans
<input type="checkbox"/> Casing/Cementing Program Change	<input checked="" type="checkbox"/> Other: <u>Change of Responsibility</u> for Spills and Releases	

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

Signed: Wayne P. Neumiller Date: 6/9/2010 Email: wneumiller@wyoming.com
 Print Name: Wayne Neumiller Title: Manager

COGCC Approved: _____ Title: _____ Date: _____

CONDITIONS OF APPROVAL, IF ANY: _____

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1. OGCC Operator Number: 63830	API Number: 05-107-06190
2. Name of Operator: North Finn, LLC.	OGCC Facility ID #
3. Well/Facility Name: Breeze #22-16	Well/Facility Number:
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): SENW 16 6N 89W 6PM	

This form is to be completed whenever a Sundry Notice is submitted requiring detailed report of work to be performed or completed. This form shall be transmitted within 30 days of work completed as a "subsequent" report and must accompany Form 4, page 1.

5. **DESCRIBE PROPOSED OR COMPLETED OPERATIONS**

North Finn, LLC (NFL) is planning to plug and abandon the Breeze Coal Bed Natural Gas Pilot Project (Breeze Project) wells located in Routt County, Colorado. The project covers Sections 16, 17, 18, 19, and 20 of T6N R89W with a combination of State of Colorado and private surface landowners with the State as mineral owner. NFL has no intention to proceed with further production activities for the nine (9) constructed wells located within the facility. Therefore, NFL has submitted Form 6 to the Colorado Oil and Gas Conservation Commission (COGCC) for approval to plug and abandon the nine (9) constructed wells. With COGCC Form 6 approval, NFL will remove all associated production equipment from the well site and proceed to plug and abandon the Breeze #22-16 well. Interim reclamation has been completed in the areas not directly associated with natural gas production.

With the COGCC approval of the attached Sundry Notice, NFL would like to relinquish all responsibility and liability to the surface landowner, Mr. Harold Earle. Mr. Earle has negotiated an agreement with NFL to take full responsibility and liability to reclaim the Breeze #22-16 constructed well pad, and well access roads.

Please see attached Final Reclamation Plan.

State of Colorado
 Oil and Gas Conservation Commission



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

DE	ET	OE	ES

SUNDRY NOTICE

Submit original plus one copy. This form is to be used for general, technical and environmental sundry Information. For proposed or completed operations, describe in full on Technical Information Page (Page 2 of this form.) Identify well or other facility by API Number or by OGCC Facility ID. Operator shall send an informational copy of all sundry notices for wells located in High Density Areas to the Local Government Designee (Rule 603b.)

1. OGCC Operator Number: <u>63830</u>	4. Contact Name <u>Wayne Neumiller</u>	Complete the Attachment Checklist OP OGCC
2. Name of Operator: <u>North Finn, LLC.</u>	Phone: <u>307-237-7554</u>	
3. Address: <u>950 Stafford</u> City: <u>Casper</u> State: <u>WY</u> Zip: <u>82609</u>	Fax: <u>307-237-7628</u>	
5. API Number <u>05-107-06205</u>	OGCC Facility ID Number	Survey Plat
6. Well/Facility Name: <u>Breeze #13-16</u>	7. Well/Facility Number	Directional Survey
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>NWSW 16 6N 89W 6PM</u>		Surface Eqpmt Diagram
9. County: <u>Routt</u>	10. Field Name: <u>Wildcat - #99999</u>	Technical Info Page
11. Federal, Indian or State Lease Number: <u>82/7422-S</u>		Other

General Notice

CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/qtr is substantive and requires a new permit)

Change of Surface Footage from Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Surface Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage from Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bottomhole location Qtr/Qtr, Sec, Twp, Rng, Mer _____
 Latitude _____ Distance to nearest property line _____ Distance to nearest bldg, public rd, utility or RR _____
 Longitude _____ Distance to nearest lease line _____ Is location in a High Density Area (rule 603b)? Yes/No
 Ground Elevation _____ Distance to nearest well same formation _____ Surface owner consultation date: _____

GPS DATA:
 Date of Measurement _____ PDOP Reading _____ Instrument Operator's Name _____

CHANGE SPACING UNIT

Formation	Formation Code	Spacing order number	Unit Acreage	Unit configuration

Remove from surface bond
 Signed surface use agreement attached

CHANGE OF OPERATOR (prior to drilling):
 Effective Date: _____
 Plugging Bond: Blanket Individual

CHANGE WELL NAME NUMBER
 From: _____
 To: _____
 Effective Date: _____

ABANDONED LOCATION:
 Was location ever built? Yes No
 Is site ready for inspection? Yes No
 Date Ready for Inspection: _____

NOTICE OF CONTINUED SHUT IN STATUS
 Date well shut in or temporarily abandoned: _____
 Has Production Equipment been removed from site? Yes No
 MIT required if shut in longer than two years. Date of last MIT _____

SPUD DATE: _____

REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)

SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK *submit cbl and cement job summaries

Method used	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom	Date

RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004.
 Final reclamation will commence on approximately _____ Final reclamation is completed and site is ready for inspection.

Technical Engineering/Environmental Notice

Notice of Intent Approximate Start Date: _____

Report of Work Done Date Work Completed: _____

Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)

<input type="checkbox"/> Intent to Recomplete (submit form 2)	<input type="checkbox"/> Request to Vent or Flare	<input type="checkbox"/> E&P Waste Disposal
<input type="checkbox"/> Change Drilling Plans	<input type="checkbox"/> Repair Well	<input type="checkbox"/> Beneficial Reuse of E&P Waste
<input type="checkbox"/> Gross Interval Changed?	<input type="checkbox"/> Rule 502 variance requested	<input type="checkbox"/> Status Update/Change of Remediation Plans
<input type="checkbox"/> Casing/Cementing Program Change	<input checked="" type="checkbox"/> Other: <u>Change of Responsibility</u> for Spills and Releases	

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

Signed: Wayne P. Neumiller Date: 6/9/2010 Email: wneumiller@wyoming.com
 Print Name: Wayne Neumiller Title: Manager

COGCC Approved: _____ Title: _____ Date: _____

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1. OGCC Operator Number: <u>63830</u> API Number: <u>05-107-06205</u>
2. Name of Operator: <u>North Finn, LLC.</u> OGCC Facility ID # _____
3. Well/Facility Name: <u>Breeze #13-16</u> Well/Facility Number: _____
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>NWSW 16 6N 89W 6PM</u>

This form is to be completed whenever a Sundry Notice is submitted requiring detailed report of work to be performed or completed. This form shall be transmitted within 30 days of work completed as a "subsequent" report and must accompany Form 4, page 1.

5. **DESCRIBE PROPOSED OR COMPLETED OPERATIONS**

North Finn, LLC (NFL) is planning to plug and abandon the Breeze Coal Bed Natural Gas Pilot Project (Breeze Project) wells located in Routt County, Colorado. The project covers Sections 16, 17, 18, 19, and 20 of T6N R89W with a combination of State of Colorado and private surface landowners with the State as mineral owner. NFL has no intention to proceed with further production activities for the nine (9) constructed wells located within the facility. Therefore, NFL has submitted Form 6 to the Colorado Oil and Gas Conservation Commission (COGCC) for approval to plug and abandon the nine (9) constructed wells. With COGCC Form 6 approval, NFL will remove all associated production equipment from the well site and proceed to plug and abandon the Breeze #13-16 well. Interim reclamation has been completed in the areas not directly associated with natural gas production.

With the COGCC approval of the attached Sundry Notice, NFL would like to relinquish all responsibility and liability to the surface landowner, Mr. Harold Earle. Mr. Earle has negotiated an agreement with NFL to take full responsibility and liability to reclaim the Breeze #13-16 constructed well pad, and well access roads.

Please see attached Final Reclamation Plan.

State of Colorado
Oil and Gas Conservation Commission

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



DE	ET	OE	ES

SUNDRY NOTICE

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1. OGCC Operator Number: <u>63830</u>	4. Contact Name <u>Wayne Neumiller</u>	Complete the Attachment Checklist OP OGCC
2. Name of Operator: <u>North Finn, LLC.</u>	Phone: <u>307-237-7554</u>	
3. Address: <u>950 Stafford</u> City: <u>Casper</u> State: <u>WY</u> Zip: <u>82609</u>	Fax: <u>307-237-7628</u>	
5. API Number <u>05-107-06201</u>	OGCC Facility ID Number	Survey Plat
6. Well/Facility Name: <u>Breeze #44-17</u>	7. Well/Facility Number	Directional Survey
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): <u>SESE 17 6N 89W 6PM</u>		Surface Eqmpt Diagram
9. County: <u>Routt</u>	10. Field Name: <u>Wildcat - #99999</u>	Technical Info Page
11. Federal, Indian or State Lease Number: <u>None</u>		Other

General Notice

<input type="checkbox"/> CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/qtr is substantive and requires a new permit)			
Change of Surface Footage from Exterior Section Lines:	<input type="checkbox"/>	FNL/FSL <input type="checkbox"/>	FEL/FWL <input type="checkbox"/>
Change of Surface Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage from Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> attach directional survey
Bottomhole location Qtr/Qtr, Sec, Twp, Rng, Mer	_____		
Latitude _____	Distance to nearest property line _____	Distance to nearest bldg, public rd, utility or RR _____	
Longitude _____	Distance to nearest lease line _____	Is location in a High Density Area (rule 603b)? Yes/No <input type="checkbox"/>	
Ground Elevation _____	Distance to nearest well same formation _____	Surface owner consultation date: _____	
GPS DATA:			
Date of Measurement _____	PDOP Reading _____	Instrument Operator's Name _____	
<input type="checkbox"/> CHANGE SPACING UNIT Formation _____ Formation Code _____ Spacing order number _____ Unit Acreage _____ Unit configuration _____			<input type="checkbox"/> Remove from surface bond Signed surface use agreement attached
<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling): Effective Date: _____ Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual		<input type="checkbox"/> CHANGE WELL NAME NUMBER From: _____ To: _____ Effective Date: _____	
<input type="checkbox"/> ABANDONED LOCATION: Was location ever built? <input type="checkbox"/> Yes <input type="checkbox"/> No Is site ready for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Ready for Inspection: _____		<input type="checkbox"/> NOTICE OF CONTINUED SHUT IN STATUS Date well shut in or temporarily abandoned: _____ Has Production Equipment been removed from site? <input type="checkbox"/> Yes <input type="checkbox"/> No MIT required if shut in longer than two years. Date of last MIT _____	
<input type="checkbox"/> SPUD DATE: _____		<input type="checkbox"/> REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)	
<input type="checkbox"/> SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK *submit cbl and cement job summaries Method used _____ Cementing tool setting/perf depth _____ Cement volume _____ Cement top _____ Cement bottom _____ Date _____			
<input type="checkbox"/> RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004. Final reclamation will commence on approximately _____ <input type="checkbox"/> Final reclamation is completed and site is ready for inspection.			

Technical Engineering/Environmental Notice

<input type="checkbox"/> Notice of Intent Approximate Start Date: _____	<input type="checkbox"/> Report of Work Done Date Work Completed: _____
Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)	
<input type="checkbox"/> Intent to Recomplete (submit form 2) <input type="checkbox"/> Change Drilling Plans <input type="checkbox"/> Gross Interval Changed? <input type="checkbox"/> Casing/Cementing Program Change	<input type="checkbox"/> Request to Vent or Flare <input type="checkbox"/> Repair Well <input type="checkbox"/> Rule 502 variance requested <input checked="" type="checkbox"/> Other: <u>Change of Responsibility for Spills and Releases</u>
<input type="checkbox"/> E&P Waste Disposal <input type="checkbox"/> Beneficial Reuse of E&P Waste <input type="checkbox"/> Status Update/Change of Remediation Plans	

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

Signed: Wayne P. Neumiller Date: 6/9/2010 Email: wneumiller@wyoming.com
 Print Name: Wayne Neumiller Title: Manager

COGCC Approved: _____ Title: _____ Date: _____

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1. OGCC Operator Number: 63830 API Number: 05-107-06201

2. Name of Operator: North Finn, LLC. OGCC Facility ID # _____

3. Well/Facility Name: Breeze #44-17 Well/Facility Number: _____

4. Location (QtrQtr, Sec, Twp, Rng, Meridian): SESE 17 6N 89W 6PM

This form is to be completed whenever a Sundry Notice is submitted requiring detailed report of work to be performed or completed. This form shall be transmitted within 30 days of work completed as a "subsequent" report and must accompany Form 4, page 1.

5. **DESCRIBE PROPOSED OR COMPLETED OPERATIONS**

North Finn, LLC (NFL) is planning to plug and abandon the Breeze Coal Bed Natural Gas Pilot Project (Breeze Project) wells located in Routt County, Colorado. The project covers Sections 16, 17, 18, 19, and 20 of T6N R89W with a combination of State of Colorado and private surface landowners with the State as mineral owner. NFL has no intention to proceed with further production activities for the nine (9) constructed wells located within the facility. Therefore, NFL has submitted Form 6 to the Colorado Oil and Gas Conservation Commission (COGCC) for approval to plug and abandon the nine (9) constructed wells. With COGCC Form 6 approval, NFL will remove all associated production equipment from the well site and proceed to plug and abandon the Breeze #44-17 well. Interim reclamation has been completed in the areas not directly associated with natural gas production.

With the COGCC approval of the attached Sundry Notice, NFL would like to relinquish all responsibility and liability to the surface landowner, Mr. Harold Earle. Mr. Earle has negotiated an agreement with NFL to take full responsibility and liability to reclaim the Breeze #44-17 constructed well pad, and well access roads.

Please see attached Final Reclamation Plan

ATTACHMENT E

Evaporation Pond Variance

Evaporation Pond Variance

June, 2010

Prepared For:



**North Finn, LCC
950 Stafford
Casper, Wyoming 82609**

Prepared By:



**InterTech Environmental & Engineering, LLC
3821 Beech Street
Laramie, Wyoming 82070**

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Table

- 1 - Table 910-1 from revised COGCC Regulations
- 2 - Table 910-1 COGCC Concentration Levels
- 3 - Background Concentration Levels
- 4 - Resampled Evaporation Pond Monitoring Results

LIST OF ATTACHMENTS

Attachment

- A - Breeze Facility Evaporation Pond Monitoring Map
- B - As-built Diagrams
- C - Form 27 – Site Investigation and Remediation Workplan
- D - Water Well Sample Locations 1 Mile Radius from Processing Plant Map

Parameter	Units	Irrigation Well 1 #Samples	Irrigation Well 1 Range	Stock Spring 2 #Samples	Stock Spring 2 Range	Water Well 3 #Samples	Water Well 3 Range	Stock Well 4 #Samples	Stock Well 4 Range	Stock Spring 5 #Samples	Stock Spring 5 Range	Stock Well 6 #Samples	Stock Well 6 Range	Water Well 7 #Samples	Water Well 7 Range
pH	s.u.	15	7.1-8.3	13	7.0-8.3	12	7.1-8.1	14	8.3-9.3	14	7.8-8.8	12	7.1-8.2	12	7-8.3
Conductivity @25C	umhos/cm	3	1850-2110	3	1120-1230	2	1520-1600	3	1400	3	1450	3	5670-5470	3	640-410
Specific Conductance @25C	umhos/cm	13	1440-2210	11	1060-1540	11	1320-1810	11	1160-1490	11	1240-1570	10	4800-5990	10	2130-6620
Temperature	°C	7	21-24	7	19-24	7	21-24	7	19-24	7	21-24	7	21-24	6	21-24
Residue, Filterable (TDS) @180C	mg/L	3	1360-1600	3	760-860	2	1120-1210	3	820-840	3	880-890	3	5180-5500	3	3720-6410
Total Dissolved Solids @180C	mg/L	13	1120-1720	11	740-1130	11	1140-1270	11	800-880	11	870-900	10	4400-6010	10	1850-6890
Methane	mg/L	15	ND - .004	13	ND - .004	13	ND - .004	13	.003-.43	13	.031-1.04	13	ND - .004	12	ND - .004
Benzene	ug/L	2	ND												
Ethylbenzene	ug/L	2	ND												
Toluene	ug/L	2	ND												
m+p-Xylenes	ug/L	2	ND												
o-Xylene	ug/L	2	ND												
Xylenes, Total	ug/L	2	ND												
Total Alkalinity	mg/L	3	448-536	3	318-328	2	421-422	3	531-576	3	497-532	3	488-565	3	407-552
Total Alkalinity as CaCO3	mg/L	8	367-428	8	331-379	8	408-437	8	488-609	8	497-536	7	511-690	8	233-586
Alkalinity, Total as CaCO3	mg/L	5	422-515	2	303-370	3	409-426	3	578-606	3	492-517	3	499-661	2	559-583
Bicarbonate as CaCO3	mg/L	14	367-536	14	303-379	13	408-437	14	443-521	14	442-524	13	488-690	13	233-586
Bicarbonate as HCO3	meq/L	2	573-629												
Bicarbonate as HCO3, meq	meq/L	2	9.38-10.3												
Carbonate as CaCO3	mg/L	13	ND	ND - 8		ND	13	14	42-124	14	5-64	13	ND	13	ND
Carbonate as CO3, meq	meq/L	2	ND												
Calcium, meq	meq/L	2	12.1-13.2												
Calcium, Total	mg/L	16	179-294	14	141-211	13	147-169	14	1.5-101	14	15.4-19.7	13	243-644	13	ND - 10
Chloride	mg/L	7	58-92	5	26-43	6	12-15	7	5-7	7	6-7	7	150-200	6	110-220
Chloride, Dissolved	mg/L	9	57-69	7	40-61	7	13-14	7	5-15	7	6	6	141-184	7	78-218
Chloride, Dissolved, meq	meq/L	2	1.90-1.95												
Fluoride	mg/L	7	.3-.4	7	.2-.3	6	.2-.4	7	.4-.6	6	.9-1.2	7	.5-.7	6	.5-.7
Fluoride, Dissolved	mg/L	9	.3-.5	7	.3-.5	7	.3-.5	7	.2-.8	7	1.2-1.5	6	.7-1	7	.5-.9
Fluoride, meq, Dissolved	meq/L	2	.02-.03												
Hardness as CaCO3	mg/L	13	810-1250	11	607-884	11	785-894	11	5-462	11	74-85	10	2250-3020	10	2310-3700
Hardness as CaCO3 (total)	mg/L	3	1030-1290	3	577-672	2	856-879	3	12-50	3	84-90	3	2540-3660	3	1780-3320
Hydroxide as CaCO3	mg/L	14	ND	13	ND	13	ND	14	ND	14	ND	13	ND	13	ND
Hydroxide as OH	meq/L	2	ND												
Nitrate/Nitrite as N	mg/L	3	.06-1.77	3	.75-1.69	2	3.45-3.55	3	.02-.04	3	.04-.18	3	.41-4.3	3	.31-3.6
Nitrogen, Ammonia as N	mg/L	2	ND												
Nitrogen, Nitrate + Nitrite as N, Dissolved	mg/L	9	.02-1.67	7	ND - 3.32	7	2.65-3.76	7	ND-3.32	7	ND - .19	6	3.65-14.2	7	.35-7.2
Nitrogen, Nitrate as N	mg/L	2	ND - .67	2	.05-1.27	2	3.06-3.08	2	ND - 1.76	2	.02-.05	2	.87-1.94	1	2.86
Nitrogen, Nitrite as N	mg/L	2	.83-2.16	2	1.38-2.97	2	2.83-3.54	2	ND	2	ND	2	.08-1.15	2	4.4-10.9
Oil and Grease	mg/L	3	ND - 3	3	ND	2	ND	3	ND	3	ND	3	ND	3	ND
Oil and Grease, Total Recoverable	mg/L	11	ND - 7	11	2-5	11	ND-5	11	ND - 30	11	ND - 68	10	ND - 8	10	ND
Potassium, meq, Total	meq/L	2	.16-.17												
Potassium, Total	mg/L	16	5.6-7.0	14	5-6.3	13	5.5-6.1	14	.8-2.8	14	2.2-2.7	13	3-9	13	4-17.3
Sodium, meq, Total	meq/L	2	2.67-2.74												
Sodium, Total	mg/L	16	50.8-75.7	14	3.4-43.2	12	70.3-77.6	14	154-346	14	284-324	13	510-750	13	165-727
Sulfate	mg/L	9	440-690	9	250-420	8	180-550	9	120-300	9	230-250	9	2440-3550	8	1020-3700
Sulfate, Dissolved	mg/L	6	450-638	5	430-470	5	510-580	5	120-180	5	230-250	4	2760-3520	5	24490-3900
Sulfate, meq, Dissolved	meq/L	2	13.1-13.3												
Sulfide	mg/L	1	ND												
Arsenic, Total	mg/L	14	ND - .0008	14	ND - .0010	13	ND - .0014	14	ND	14	ND	13	.0006-.0219	13	.0009-.0161
Arsenic, Total Recoverable	ug/L	2	ND - 1												
Barium, Total	mg/L	14	.042-.055	14	.069-.099	13	.024-.027	14	.036-.610	14	.029-.037	13	.011-.07	13	.012-.047
Barium, Total Recoverable	ug/L	2	ND												
Boron, Total	mg/L	9	.12-.17	14	.09-.14	13	.19-.23	14	.15-.47	14	.31-.36	13	.46-.84	13	.23-.79
Boron, Total Recoverable	ug/L	2	121-140												
Iron, Total	mg/L	14	.01-.11	14	ND - .01	13	.03-.89	14	.02-.17	14	.2-.46	13	.4-11.9	13	.07-35.3
Iron, Total Recoverable	ug/L	2	ND												
Magnesium, meq, Total	meq/L	2	9.46-10.6												
Magnesium, Total	mg/L	16	87.2-141	14	54.6-81.3	13	105-116	14	.5-51	14	8.6-10	13	395-546	13	312-646
Manganese, Total	mg/L	14	ND - .01	14	ND - .012	13	.018-.163	14	ND - .049	14	ND - .014	13	.03-.49	13	.025-.57
Manganese, Total Recoverable	ug/L	2	ND												

8/21/06 outlier

4/20/07 OK?

8/18/07 iron high

INTRODUCTION

North Finn, LLC (North Finn) is planning to plug and abandon the Breeze Coal Bed Natural Gas Pilot Project (Breeze Project) wells located in Routt County, Colorado. The project covers Sections 16, 17, 18, 19, and 20 of T6N R89W of which the State of Colorado (State) is the mineral owner with both state and private surface landowners (Attachment A – Breeze Facility Evaporation Pond Monitoring Map). North Finn has no intention to proceed with further production activities for the nine (9) constructed wells and 10 evaporation ponds located within the Breeze Project. Therefore, North Finn submitted Form 6 to the Colorado Oil and Gas Conservation Commission (COGCC) for approval to plug and abandon the remaining nine (9) wells in the project. The COGCC approved Form 6 on July 7, 2009 for North Finn to remove all associated production equipment and to proceed to plug and abandon the nine (9) wells.

The Breeze facility has a total of 10 evaporation ponds located in the SESE and NESE of Section 19, T6N R89W on private surface owned by Mr. Harold Earle. The ponds were constructed in 2001 and only 10 of the originally proposed 13 ponds were actually built. The original total pond area was proposed to be 22 acres but the final constructed facility encompasses only about 13.5 acres (Attachment B - As-built Diagrams). The completion report for the evaporation ponds was submitted to the COGCC on January 4, 2002. North Finn attests that the evaporation ponds received produced water for two (2) years as part of the water management strategy. Since then, all produced water from the Breeze Project has discharged through a single outfall covered under the Colorado National Pollution Discharge Elimination System (CNPDES) permit.

With COGCC approval of the attached Site Investigation and Remediation Workplan Form 27, North Finn would like to relinquish all responsibility and liability to the surface landowner, Mr. Earle. Mr. Earle has negotiated a legal agreement with North Finn to take full responsibility and liability to the 10 evaporation ponds located within his property. With this agreement, Mr. Earle will leave the constructed 10 evaporation ponds for beneficial use in his ranching operations for irrigation and livestock.

North Finn requests a variance from the Reclamation Regulation listed in the 1000 Series rules for the 10 evaporation ponds. With the approval of the Site Investigation and Remediation Workplan Form 27 (Attachment C - Form 27 – Site Investigation and Remediation Workplan), North Finn would relinquish all responsibility and liability to the surface owner, Mr. Harold Earle. North Finn will provide water quality analysis results to establish the contents within the 10 evaporation ponds are within concentration level listed in the COGCC Table 910-1.

WORKPLAN

North Finn requests a variance from the Reclamation Regulations listed in the 1000 Series rules to leave the constructed 10 evaporation ponds to the surface owner. North Finn collected water quality samples for each of the 10 evaporation ponds on August 27, 2009 to verify the liquid content are in compliance with the established concentration levels listed in Table 910-1 listed in Table 1 (Attachment A). Based on conversations with the Robert Chesson at the COGCC, the contaminants of concern listed in Table 910-1 were reduced to contaminants listed in Table 2.

Table 1: Table 910-1 from revised COGCC Regulations

Contaminant of Concern	COGCC Concentrations	COGCC Units
Organic Compounds in Soil		
TPH (total volatile and extractable petroleum hydrocarbons)	500	mg/kg
Benzene	0.17	mg/kg
Toluene	85	mg/kg
Ethylbenzene	100	mg/kg
Xylenes (Total)	175	mg/kg
Acenaphthene	1000	mg/kg
Anthracene	1000	mg/kg
Benzo(A)anthracene	0.22	mg/kg
Benzo(B)fluoranthene	0.22	mg/kg
Benzo(K)fluoranthene	2.2	mg/kg
Benzo(A)pyrene	0.022	mg/kg
Chrysene	22	mg/kg
Dibenzo(A,H)anthracene	0.022	mg/kg
Fluoranthene	1000	mg/kg
Fluorene	1000	mg/kg
Indeno(1,2,3-cd)pyrene	0.22	mg/kg
Naphthalene	23	mg/kg
Pyrene	1000	mg/kg
Organic Compounds in Ground Water		
Benzene	5	ug/l
Ethylbenzene	700	ug/l
Toluene	1000	ug/l
Xylenes (Total)	10000	ug/l
Inorganics in Soils		
Electrical Conductivity (EC)	<4	mmhos/cm
Sodium Adsorption Ratio (SAR)	<12	
pH	9	
Inorganics in Ground Water		
Total Dissolved Solids (TDS)	<1.25 x background	mg/L
Chlorides	<1.25 x background	mg/L
Sulfates	<1.25 x background	mg/L
Metals in Soils		
Arsenic	0.39	mg/kg

Barium (LDNR True Total Barium)	15000	mg/kg
Boron (Hot Water Soluble)	2	mg/l
Cadmium	70	mg/kg
Chromium (III)	12000	mg/kg
Chromium (VI)	23	mg/kg
Copper	3100	mg/kg
Lead (inorganic)	400	mg/kg
Mercury	23	mg/kg
Nickel (soluble salts)	1600	mg/kg
Selenium	390	mg/kg
Silver	390	mg/kg
Zinc	23000	mg/kg
Metals in Soils		
Liquid hydrocarbons including condensate and oil	Below detection level	mg/kg

This table is structured to emulate Table 910-1: Concentration Levels in *COGCC Final Amended Rules (December 17, 2008)*
Note: all units were converted to reflect regulatory units where necessary
ND = non detect

Table 2: Table 910-1 COGCC Concentration Levels	
Contaminant of Concern	COGCC Concentrations
Organic Compounds in Groundwater	
Benzene	5 ug/L
Toluene	560 to 1,000 ug/L
Ethylbenzene	700 ug/L
Xylenes, Total	1,400 to 10,000 ug/L
Inorganics in Groundwater	
Total Dissolved Solids (TDS)	<1.25 x background
Chloride	<1.25 x background
Sulfate	<1.25 x background

Per Table 2.

Background water quality samples were taken from seven (7) water wells located within one (1) mile radius of the facility (Attachment D - Water Well Sample Locations 1 Mile Radius from Processing Plant Map). Therefore, the COGCC contaminants of concern BTEX, Total Dissolved Solids (TDS), Chloride, and Sulfate were averaged over the duration of monitoring and multiplied by 1.25 to determine the concentration levels shown in Table 3.

Table 3: Background Concentration Levels		
Inorganics in Groundwater		
Contaminant of Concern	Averaged Background Concentrations (mg/L)	<1.25 x background (mg/L)
Total Dissolved Solids (TDS)	2247	2809
Chloride	65	82
Sulfate	1058	1323

RESULTS

Background water quality results from seven (7) adjacent water wells are representative water quality for the naturally occurring concentration for TDS, Chloride, and Sulfate in the area. Therefore, the water quality results for the 10 evaporation ponds are consistent with the background water quality listed in Table 4. The Chloride and Sulfate concentrations for the evaporation ponds, Pond 1 through Pond 6, Pond 9, and Pond 10 are under the compliance limit stated in the Basic Standards for Ground Water. Pond 7 and Pond 8 Sulfate concentrations are under the background concentration list in Table 3. The TDS concentrations are below the background concentration levels listed in Table 3 in all the evaporation ponds.

North Finn mixed the water contained within the evaporation ponds with TDS, Chloride, and Sulfate water quality concentrations greater than the background water quality limits. This treatment transferred water from evaporation ponds with lower concentrations of TDS, Chloride, and Sulfate to dilute the concentrations in the evaporation ponds above the background limits.

Since the evaporation ponds will be left in place, soil samples were not taken from each of the 10 evaporation ponds. During the site investigation, there was no evidence of liner leaks or water seeps down gradient of the evaporation ponds.

REFERENCES

Classification and Numerical Standards for Upper Colorado River Basin and North Platte, Regulation No. 33, Colorado Department of Public Health and Environment, Water Quality Control Commission, effective 01/01/2009.

The Basic Standards for Ground Water Regulation No. 41, Colorado Department of Public Health and Environment, Water Quality Control Commission, effective 05/31/2008.

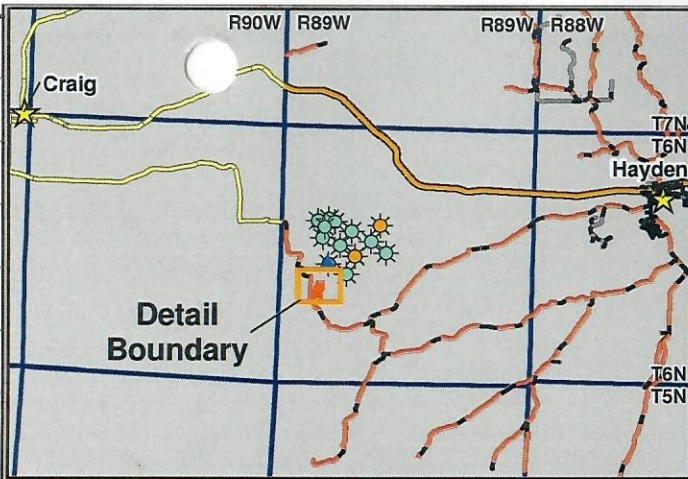
Table 4: Resampled Evaporation Pond Monitoring Results

Analysis	Units	<1.25 x background (mg/L)	OT_Pond_1	OT_Pond_2	OT_Pond_3	OT_Pond_4	OT_Pond_5	OT_Pond_6	OT_Pond_7	OT_Pond_8	OT_Pond_9	OT_Pond_10
Chloride	mg/L	82	16	50 ⁴⁶	40 ⁴⁸	46	25 ⁶²	32 ⁶⁷	40	42 ⁵²	28 ⁸⁹	33
Sulfate	mg/L	1,323	24	32 ²⁵	32 ¹⁷	3	50 ¹¹⁴	30 ⁵	422	860 ¹¹⁶⁰	70 ⁹¹	24
Total Dissolved Solids (TDS)	mg/L	2,809	795	2,600 ^{2,224}	2,160 ^{2,100}	2,490	780 ⁵⁰⁴⁰	950 ²²⁰	2,180	1,820 ^{2,550}	1,190 ^{4,000}	2,390
Gasoline Range Organics (GRO)	ug/L	–	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
Total Purgeable Hydrocarbons	ug/L	–	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
Diesel Range Organics (DRO)	mg/L	–	0.64 ⁶⁴⁰	ND ^{0.71} 0.43	ND ^{0.89} 0.59	ND ^{0.49}	ND ^{0.29}	ND ^{0.55}	ND ^{0.48}	ND ^{0.43}	ND ^{0.92}	ND ^{0.65}
Total Extractable Hydrocarbons	mg/L	–	1.1 ¹¹⁰⁶	ND ^{1.3} 0.73	ND ^{1.4} 0.93	ND ^{0.72}	ND ^{0.47}	ND ^{0.84}	ND ^{0.76}	ND ^{0.69}	ND ^{1.2}	ND ^{0.97}
Benzene	ug/L	–	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
Ethylbenzene	ug/L	–	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
Toluene	ug/L	–	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
Xylenes, Total	ug/L	–	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND

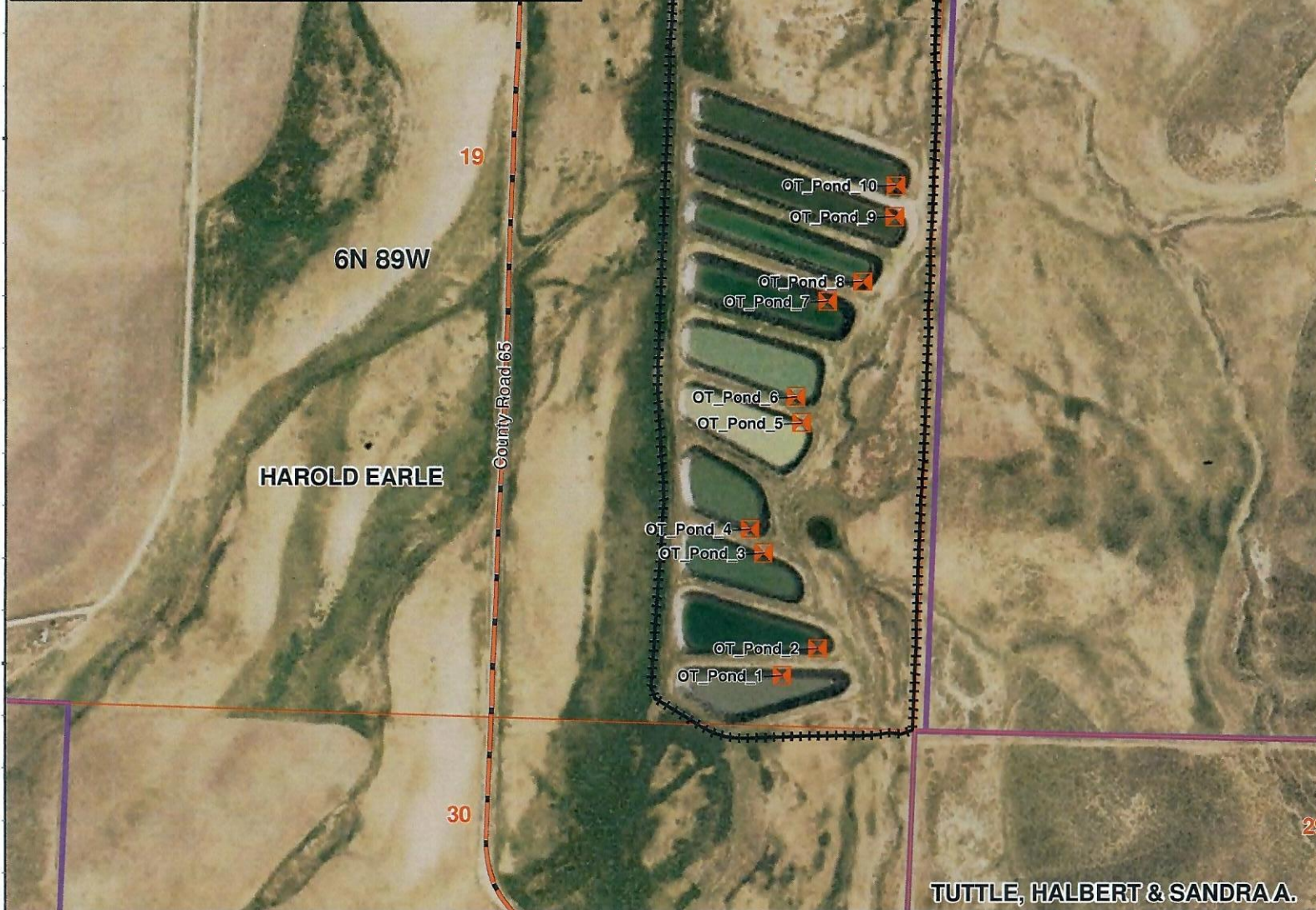


ATTACHMENT A

***Breeze Facility Evaporation
Pond Monitoring Map***



STATE OF COLORADO



North Finn, LLC

**Breeze Facility
Evaporation Pond
Monitoring**

September 16, 2009

Explanation:

- Evaporation Pond Monitoring Location
- Fence
- County Road

0 0.05 0.1
 Miles
 1:6,000

InterTech E&E, LLC
 bbergstrom@cbrmainc.com
 M:\Projects\North_Finn\Breeze\Projects\
 Breeze_Evap_Pond_20090916a.mxd

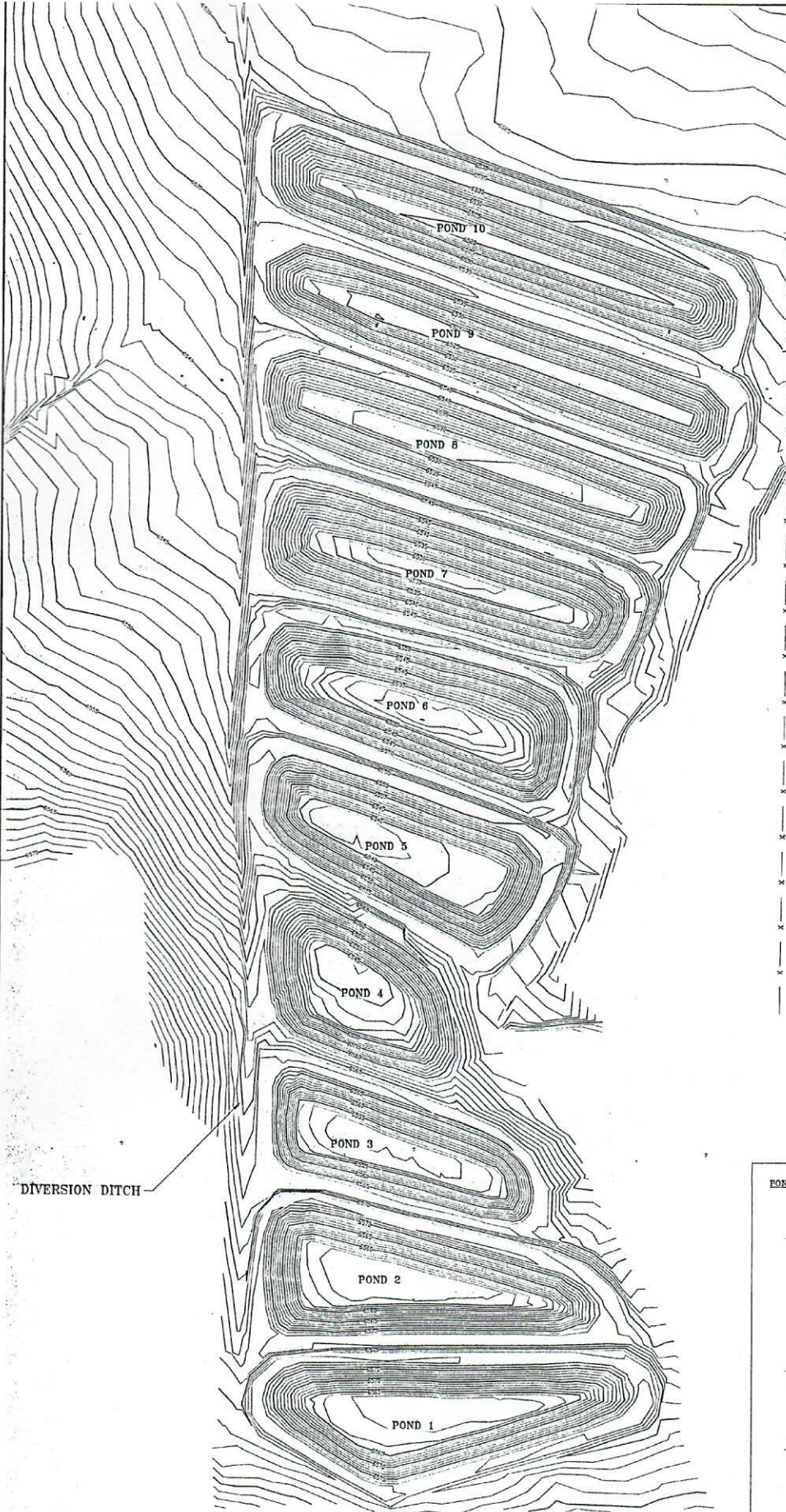
TUTTLE, HALBERT & SANDRA A.

ATTACHMENT B
As-built Diagrams

Pit # 262410



FENCE



DIVERSION DITCH

POND STATISTICS:

POND	POND DIMENSIONS (FT)		
	LENGTH	WIDTH	DEPTH
1	550	180	14.6
2	500	180	16.8
3	400	140	15.4
4	300	190	16.7
5	430	160	16.2
6	460	160	19.3
7	550	150	19.3
8	630	130	13.5
9	720	120	12.7
10	720	120	14.7

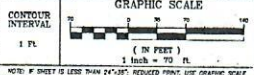
AVERAGE

POND	WATER SURFACE		POND CAPACITY	
	(ACRES)	(GAL)	(GAL)	(BBL)
1	1.35	3,282,641	78,135	
2	1.36	3,731,964	88,830	
3	1.03	2,577,544	61,352	
4	0.98	2,591,080	61,674	
5	1.26	3,385,274	80,578	
6	1.43	4,165,326	99,145	
7	1.55	4,261,090	101,425	
8	1.48	2,938,174	69,936	
9	1.46	2,742,606	65,281	
10	1.50	3,138,995	74,716	
TOTAL	13.40	32,814,694	781,072	

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KLT GAS - Evaporation Pond As-Built Survey

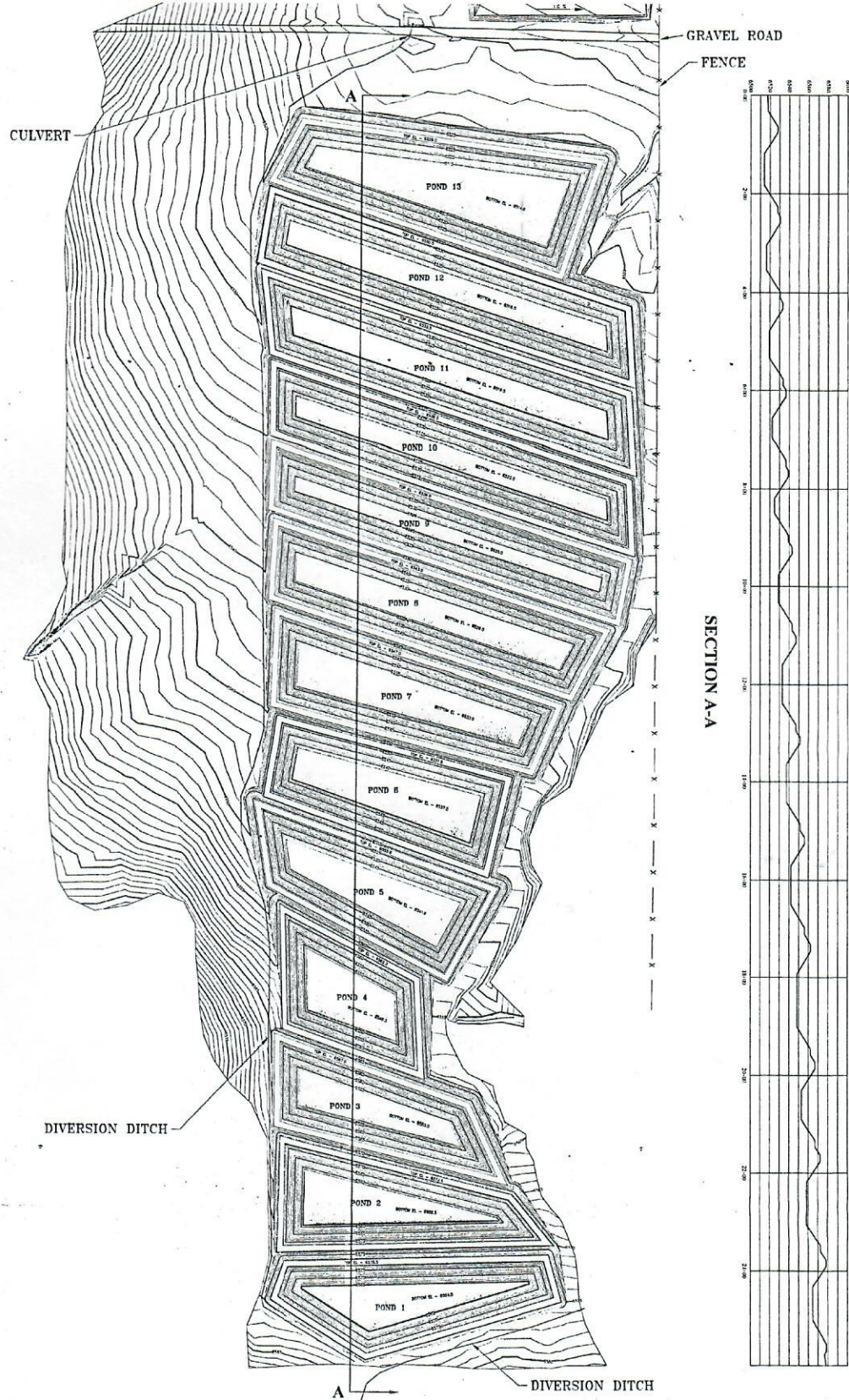
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1	CHECKED BY: SSO1062			
1	DATE: 12/7/01			
	NO. OF SHEETS: 3	DATE:	REVISION:	BY:



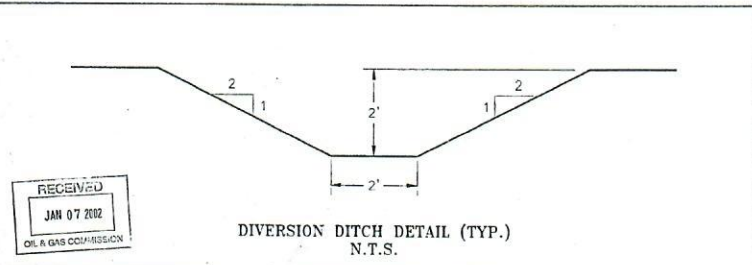
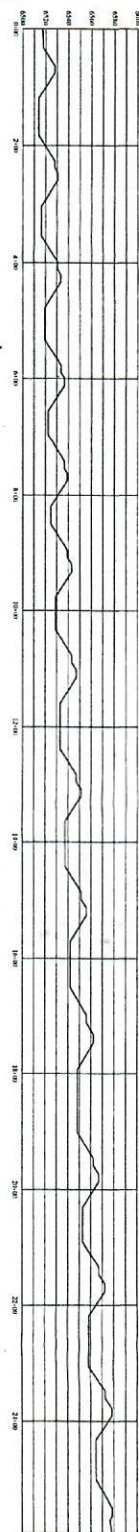
Johnson, Kunkel & Associates, Inc.

EAGLE STEAMBOAT SPRINGS
PHONE: 970-328-6368 970-879-4678
FAX: 328-1035 879-4870
P.O. Box 408 1288 Chambers Ave. Eagle, Colorado 81631
P.O. Box 77198 1120 S Lincoln Ave #212 Steamboat Spgs CO 80447

LAND SURVEYING MAPPING
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SECTION A-A



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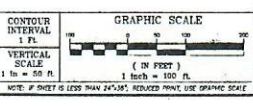
POND STATISTICS

POND	WATER SURFACE (ACRES)	POND CAPACITY (CY)	INSIDE SURFACE (SF)	CUT (CY)	FILL (CY)	BALANCE (CY)	BENCH & KEYWAY (SF)
1	1.43	18,485	3,733,489	72,533	10,389	10,351	38 CUT 9,866
2	1.45	18,522	3,811,653	73,518	9,874	9,935	60 FILL 10,177
3	1.20	15,652	3,040,118	61,292	7,971	7,985	14 FILL 9,140
4	1.10	14,592	2,947,205	58,385	8,315	8,235	80 CUT 7,676
5	1.40	20,205	4,080,885	74,870	10,881	10,842	39 CUT 9,991
6	1.61	22,150	4,481,621	80,288	11,216	11,295	79 FILL 9,784
7	1.79	24,304	4,908,776	89,499	12,171	12,150	21 CUT 11,676
8	1.91	25,160	5,081,666	96,816	12,803	12,887	7 CUT 12,401
9	1.72	20,424	4,165,512	88,543	10,848	10,889	40 FILL 13,171
10	1.92	24,114	4,870,460	97,752	12,471	12,461	9 CUT 13,991
11	2.18	28,711	5,798,876	109,522	13,856	13,847	9 CUT 14,033
12	2.11	27,415	5,537,117	106,372	13,588	13,590	2 FILL 13,919
13	2.22	31,672	6,396,921	109,788	14,540	14,420	129 CUT 11,938
TOTAL	22.13	291,405	58,856,233	1,114,880	149,033	148,896	137 CUT 146,424

KIT GAS - Evaporation Pond Design

DESIGN BY: SLM	CONTOUR INTERVAL: 1 FT.	VERTICAL SCALE: 1" = 50 FT.
CHECKED BY: SSO1062	DATE: 8/30/01	REVISION: 1
NO. 1	DATE: 10/05/01	BY: SLM

Added cut-off ditch detail



Johnson, Kunkel & Associates, Inc.
LAND SURVEYING MAPPING
CIVIL ENGINEERING

EAGLE STEAMBOAT SPRINGS
PHONE: 970-328-6368 970-878-4676
FAX: 328-1025 878-4876
P.O. Box 409 1288 Chambers Ave Eagle, Colorado 81631
P.O. Box 77198 1120 S Lincoln Ave #202 Steamboat Spgs CO 80477

ATTACHMENT C

***Form 27 – Site Investigation and
Remediation Workplan***

State of Colorado
Oil and Gas Conservation Commission



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

FOR OGCC USE ONLY

OGCC Employee:

Spill Complaint
 Inspection NOAV

Tracking No: _____

SITE INVESTIGATION AND REMEDIATION WORKPLAN

This form shall be submitted to the Director for approval prior to the initiation of site investigation and remediation activities. Form 27 is intended to be used whenever possible. Additional documentation will be required when large volumes of soil and groundwater have been impacted or involve large facilities with multiple source areas. See Rule 910. Attach as many pages as needed to fully describe the proposed work.

CAUSE OF CONDITION BEING INVESTIGATED AND REMEDIATED

Spill or Release Plug & Abandon Central Facility Closure Site/Facility Closure Other (describe): _____

OGCC Operator Number: <u>63830</u>	Contact Name and Telephone: _____
Name of Operator: <u>North Finn, LLC.</u>	<u>Wayne Neumiller</u>
Address: <u>950 Stafford</u>	No: <u>307-237-7854</u>
City: <u>Casper</u> State: <u>WY</u> Zip: <u>82609</u>	Fax: <u>307-237-7628</u>

API Number: _____	County: <u>Routt</u>
Facility Name: <u>Breeze Evaporation Ponds</u>	Facility Number: <u>262410</u>
Well Name: <u>N/A</u>	Well Number: <u>N/A</u>
Location: (QtrQtr, Sec, Twp, Rng, Meridian): <u>SESE, NESE, Sec 19 T6N R89W 6th PM</u> Latitude: <u>40.456939</u> Longitude: <u>-107.41171</u>	

TECHNICAL CONDITIONS

Type of Waste Causing Impact (crude oil, condensate, produced water, etc): Produced water and direct precipitation.

Site Conditions: Is location within a sensitive area (according to Rule 901e)? Y N If yes, attach evaluation.

Adjacent land use (cultivated, irrigated, dry land farming, industrial, residential, etc.): Rangeland

Soil type, if not previously identified on Form 2A or Federal Surface Use Plan: Identified on Form 2A

Potential receptors (water wells within 1/4 mi, surface waters, etc.): Water Wells are not located withing 1/4 mile of evaporation ponds.

Unnamed tributaries to the Basin Reservoir drainage are located within a 1/4 mile of evaporation ponds.

Description of Impact (if previously provided, refer to that form or document):

Impacted Media (check):	Extent of Impact:	How Determined:
<input type="checkbox"/> Soils	_____	_____
<input type="checkbox"/> Vegetation	_____	_____
<input type="checkbox"/> Groundwater	_____	_____
<input type="checkbox"/> Surface Water	_____	_____

REMEDATION WORKPLAN

Describe initial action taken (if previously provided, refer to that form or document):

Not Applicable. North Finn LLC. (NFL) requests a variance from the Reclamation Regulations listed in the 1000 Series rules for the ten (10) evaporation ponds to release responsibility and liability to the surface owner Mr. Harold Earle.

Describe how source is to be removed:

Describe how remediation of existing impacts is to be accomplished, including removal and disposal at an injection well or licensed facility, land treatment on site, removal of impacted groundwater, insitu bioremediation, burning of oily vegetation, etc.:



MEDIATION WORKPLAN (Cont.)

Tracking Number:	_____
Name of Operator:	_____
OGCC Operator No:	_____
Received Date:	_____
Well Name & No:	_____
Facility Name & No:	_____

OGCC Employee: _____

If groundwater has been impacted, describe proposed monitoring plan (# of wells or sample points, sampling schedule, analytical methods, etc.):

Baseline water quality study

Describe reclamation plan. Discuss existing and new grade recontouring; method and testing of compaction alleviation; and reseeding program, including location of new seed, seed mix and noxious weed prevention. Attach diagram or drawing. Use additional sheet for description if required.

North Finn, LLC. (NFL) requests a variance from the Reclamation Regulations listed in the 1000 Series rules for the ten (10) evaporation ponds. With the approval of the Site Investigation and Remediation Workplan Form 27, NFL would like to relinquish all responsibility and liability to the surface owner, Mr. Harold Earle. Mr. Earle has negotiated an legal agreement with NFL to take full responsibility and liability for the ten (10) evaporation ponds.

NFL Water samples were collected from each of the ten (10) evaporation ponds to verify the liquid pond contents are in compliance with the established concentration levels listed in Table 910-1.

For More complete explanations, please see the attached Reclamation Workplan, Laboratory Results, and Facility Map.

Attach samples and analytical results taken to verify remediation of impacts. Show locations of samples on an onsite schematic or drawing.

Further site investigation required? Y N If yes, describe:

Please see attached Evporation Pond Map to illustrated sample locations for the ten (10) evporation ponds.

Final disposition of E&P waste (landtreated and disposed onsite, name of licensed disposal facility, recycling, reuse, etc.):

Not applicable.

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: _____	Date Site Investigation Completed: _____	Date Remediation Plan Submitted: _____
Remediation Start Date: _____	Anticipated Completion Date: _____	Actual Completion Date: _____

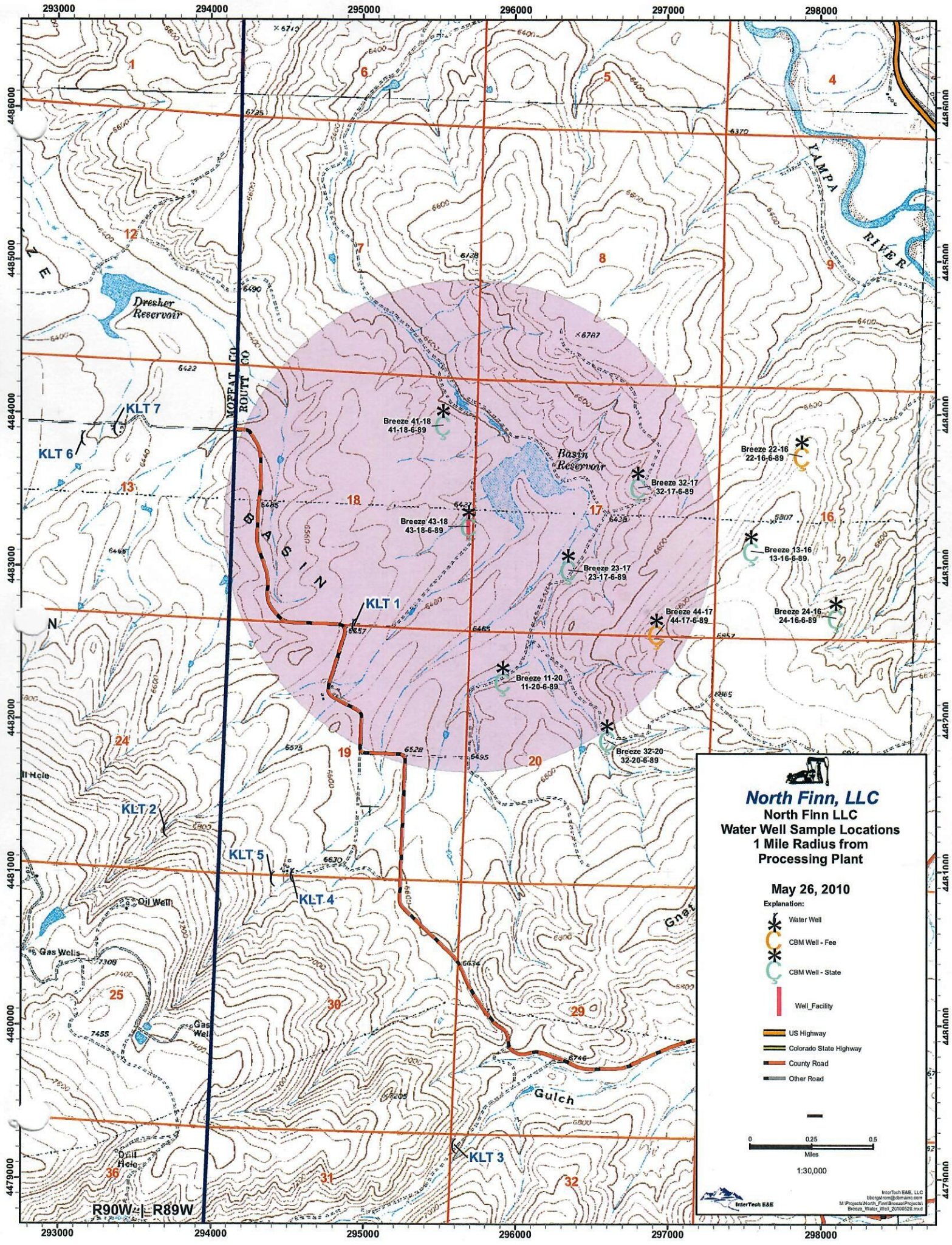
I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Wayne Neumiller Signed: Wayne P. Neumiller
Title: Manager Date: 10/9/2010

OGCC Approved: _____ Title: _____ Date: _____

ATTACHMENT D

***Water Well Sample Locations 1 Mile
Radius from Processing Plant Map***



North Finn, LLC
 North Finn LLC
 Water Well Sample Locations
 1 Mile Radius from
 Processing Plant

May 26, 2010

Explanation:

- Water Well
- CBM Well - Fee
- CBM Well - State
- Well Facility
- US Highway
- Colorado State Highway
- County Road
- Other Road

0 0.25 0.5
 Miles
 1:30,000

InterTech E&E, LLC
 M:\Projects\North_Finn\Research\Projects
 Breeze_Water_Well_20100526.mxd
 InterTech E&E

R90W R89W