



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

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: 51130		24 hour notice required, contact: Tel: _____																					
Name of Operator: <u>Locin Oil Corporation</u>																							
Address: <u>25231 Grogan's Mill Road, Suite 500</u>																							
City: <u>The Woodlands</u> State: <u>TX</u> Zip: <u>77380</u>		Complete the Attachment Checklist <table border="1"><thead><tr><th></th><th>Oper</th><th>OGCC</th></tr></thead><tbody><tr><td>Wellbore Diagram</td><td>x</td><td></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><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></tbody></table>		Oper	OGCC	Wellbore Diagram	x		Cement Job Summary			Wireline Job Summary											
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Wireline Job Summary																							
Contact Name & Telephone Mark Clavenna No: <u>281-362-8600 (22)</u> Fax: <u>281-419-6626</u>																							
API Numbe 05-103-08134																							
Well Name: <u>Fork Unit</u> Well Number: <u>16-31-1-1</u>																							
Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>SESE, Sec 31, T1S, R101W</u>																							
County: <u>Rio Blanco</u> Federal, Indian or State Lease Number: <u>C-02744</u>																							
Field Name <u>Dragon Trail</u> Field Number <u>18700</u>																							

☒ Notice of Intent to Abandon☐ Subsequent Report of Abandonment

Only Complete the Following Background Information for Intent to Abandon

Latitude: _____ Longitude: _____
GPS Data: _____
Date of Measurement: _____ PDOP Reading: _____ Instrument Operator's Name: _____

Reason for Abandonment ☐ Dry ☒ Production Sub-economic ☐ Mechanical Problems ☐ Other
Casing to be Pulled: ☐ Yes ☒ No Top of Casing Cement: Unknown
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
Manoas B	2551	2663			

Casing History

String	Size of Hole	Size of Casing	Weight per ft	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
Surface	12.25	8.625	24	134	100	134	0
Prod	7.875	5.5	15.5	3001	200	3001	

Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 2500 with 2 sacks cmt on top. CIBP #2: Depth _____ with _____ sacks cmt on top

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

Perforate and squeeze at 1000 ft. with 50 sacks Leave at least 100 ft. in casing
Perforate and squeeze at 190 ft. with 75 sacks Leave at least 100 ft. in casing
Perforate and squeeze at _____ ft. with _____ sacks Leave at least 100 ft. in casing
Set _____ sacks half in, half out surface casing from _____ ft. to _____ ft.
Set _____ 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

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 Mark Clavenna Email: mclavenna@nclnr.com
Signed: Mark Clavenna Title: Manager Date: 05/11/10

OGCC Approved: David Anderson Title: PE II Date: 5/25/2010

CONDITIONS OF APPROVAL, IF ANY: