

ado
n Commission

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.

RECEIVED
MAY 17 2010
COGCC

COGCC Operator Number: 51130	Contact Name & Telephone Mark Clavenna	24 hour notice required, contact:
Name of Operator: Locin Oil Corporation	No: 281-362-8600 (22)	
Address: 25231 Grogan's Mill Road, Suite 500	Fax: 281-419-6626	
City: The Woodlands State: TX Zip: 77380	Tel:	

API Numbe 05-103-08077	Well Name: Fork Unit	Well Number: 15-7-21	Complete the Attachment Checklist Oper OGCC
Location (QtrQtr, Sec, Twp, Rng, Meridian): SWSE, Sec 7, T2S, R101W			
County: Rio Blanco	Federal, Indian or State Lease Number: C-02749		
Field Name Dragon Trail	Field Number 18700		

☒ 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	<input type="checkbox"/> Dry	<input checked="" type="checkbox"/> Production Sub-economic	<input type="checkbox"/> Mechanical Problems	<input type="checkbox"/> Other
Casing to be Pulled:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Top of Casing Cement: Unknown	
Fish in Hole:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, explain details below	
Wellbore has Uncemented Casing Leaks	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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
Mancoas B	2848	3027			

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	95	134	0
Prod	7.875	5.5	15.5	3256	200	3256	

Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 2800 with 2 sacks cmt on top.	CIBP #2: Depth with sacks cmt on top.	NOTE: Two (2) sacks cement required on all CIBPs.
Set _____ sks cmt from _____ ft. to _____ ft. in	<input type="checkbox"/> Casing <input type="checkbox"/> Open Hole <input type="checkbox"/> Annulus	
Set _____ sks cmt from _____ ft. to _____ ft. in	<input type="checkbox"/> Casing <input type="checkbox"/> Open Hole <input type="checkbox"/> Annulus	
Set _____ sks cmt from _____ ft. to _____ ft. in	<input type="checkbox"/> Casing <input type="checkbox"/> Open Hole <input type="checkbox"/> Annulus	
Set _____ sks cmt from _____ ft. to _____ ft. in	<input type="checkbox"/> Casing <input type="checkbox"/> Open Hole <input type="checkbox"/> Annulus	
Set _____ sks cmt from _____ ft. to _____ ft. in	<input type="checkbox"/> Casing <input type="checkbox"/> Open Hole <input type="checkbox"/> Annulus	
Perforate and squeeze at 1000 ft. with 50 sacks	Leave at least 100 ft. in casing	
Perforate and squeeze at 185 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	Dry-Hole Marker: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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 Mark Clavenna	Email: mclavenna@nclnr.com
Signed:	Title: Manager
	Date: 05/11/10

OGCC Approved:	Title: PE II
	Date: 6/4/2010

CONDITIONS OF APPROVAL, IF ANY:

1) Operator must provide well location GPS coordinates on Subsequent Report of Abandonment in accordance with COGCC As-Built Location Policy and Rule 215.