


FORM 6 <small>Rev 12/05</small>	State of Colorado Oil and Gas Conservation Commission <small>1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109</small>				DE	ET	OE	ES																																				
	WELL ABANDONMENT REPORT				Replug By Other Operator																																							
	This form is to be submitted as an Intent to Abandon whenever an abandonment is planned on a borehole. After the abandonment is complete, this form shall again be submitted as a Subsequent Report of the actual work completed. The approved intent shall be valid for six months after the approval date, after that period, a new intent will be required. Attachments required with the Intent to Abandon are wellbore diagrams of the current configuration and the proposed configuration with plugs set. A Subsequent Report of Abandonment shall indicate the actual work completed. Attachments required with a Subsequent Report are a wellbore diagram showing plugs that were set and casing remaining in the hole, the job summaries from all plugging contractors used, including wireline and cementing (third party verification) and any logs that may have been run during abandonment.				Document Number: 401556512 Date Received: 02/27/2018																																							
<table style="width:100%;"><tr><td colspan="3">OGCC Operator Number: 10459</td><td colspan="3">Contact Name: Kaleb Roush</td></tr><tr><td colspan="3">Name of Operator: EXTRACTION OIL & GAS INC</td><td colspan="3">Phone: (720) 354-4580</td></tr><tr><td colspan="3">Address: 370 17TH STREET SUITE 5300</td><td colspan="3">Fax:</td></tr><tr><td>City: DENVER</td><td>State: CO</td><td>Zip: 80202</td><td colspan="3">Email: kroush@extractionog.com</td></tr><tr><td colspan="3">For "Intent" 24 hour notice required, Name: O'Donnell, Shaun</td><td colspan="3">Tel: (720) 305-8280</td></tr><tr><td colspan="3">COGCC contact: Email: shaun.odonnell@state.co.us</td><td colspan="3"></td></tr></table>									OGCC Operator Number: 10459			Contact Name: Kaleb Roush			Name of Operator: EXTRACTION OIL & GAS INC			Phone: (720) 354-4580			Address: 370 17TH STREET SUITE 5300			Fax:			City: DENVER	State: CO	Zip: 80202	Email: kroush@extractionog.com			For "Intent" 24 hour notice required, Name: O'Donnell, Shaun			Tel: (720) 305-8280			COGCC contact: Email: shaun.odonnell@state.co.us					
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<input checked="" type="checkbox"/> Notice of Intent to Abandon <input type="checkbox"/> Subsequent Report of Abandonment																																												
<i>Only Complete the Following Background Information for Intent to Abandon</i>																																												
Latitude: 40.444414		Longitude: -104.670199																																										
GPS Data:																																												
Date of Measurement:		PDOP Reading:		GPS Instrument Operator's Name:																																								
Reason for Abandonment: <input type="checkbox"/> Dry <input type="checkbox"/> Production Sub-economic <input type="checkbox"/> Mechanical Problems																																												
<input checked="" type="checkbox"/> Other Re-enter to replug																																												
Casing to be pulled: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Estimated Depth:																																										
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																																												
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Total: 0 zone(s)																																												
Casing History																																												
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Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 150 with 2 sacks cmt on top. CIBP #2: Depth _____ with _____ sacks cmt on top.
CIBP #3: Depth _____ with _____ sacks cmt on top. CIBP #4: Depth _____ with _____ sacks cmt on top.
CIBP #5: Depth _____ with _____ sacks cmt on top.

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

Set 83 sks cmt from 2500 ft. to 2300 ft. Plug Type: OPEN HOLE Plug Tagged: ☒

Set _____ sks cmt from _____ ft. to _____ ft. Plug Type: _____ Plug Tagged: ☐

Set _____ sks cmt from _____ ft. to _____ ft. Plug Type: _____ Plug Tagged: ☐

Set _____ sks cmt from _____ ft. to _____ ft. Plug Type: _____ Plug Tagged: ☐

Set _____ sks cmt from _____ ft. to _____ ft. Plug Type: _____ Plug Tagged: ☐

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

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

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

(Cast Iron Cement Retainer Depth)

Set 150 sacks half in. half out surface casing from 600 ft. to 210 ft. Plug Tagged: ☒

Set 10 sacks at surface

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

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

Additional Plugging Information for Subsequent Report Only

Casing Recovered: _____ ft. _____ inch casing Plugging Date: _____
of _____

*Wireline Contractor: _____ *Cementing Contractor: _____

Type of Cement and Additives Used: _____

Flowline/Pipeline has been abandoned per Rule 1103 ☐ Yes ☐ No *ATTACH JOB SUMMARY

Technical Detail/Comments:

GPS data will be submitted on subsequent Form 6.

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

Signed: _____ Print Name: Kaleb Roush

Title: Production Engineer Date: 2/27/2018 Email: kroush@extractionog.com

Based on the information provided herein, this Well Abandonment Report (Form 6) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: JENKINS, STEVE Date: 3/9/2018

CONDITIONS OF APPROVAL, IF ANY: _____ Expiration Date: 9/8/2018

COA Type

Description

	Provide 48 hour notice of plugging MIRU via electronic Form 42.
	Operator shall implement measures to control unnecessary and excessive venting, to protect the health and safety of the public, and to ensure that vapors and odors from well plugging operations do not constitute a nuisance or hazard to public welfare.

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401556512	FORM 6 INTENT SUBMITTED
401556553	WELLBORE DIAGRAM
401556556	WELLBORE DIAGRAM
401556557	SURFACE OWNER CONSENT
401556579	LOCATION PHOTO

Total Attach: 5 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Public Room	Well file not found for verification - pass task 03/08/18	03/08/2018
Permit	pass	03/01/2018

Total: 2 comment(s)