

Form No GWS-09 03/2017	STATE OF COLORADO, OFFICE OF THE STATE ENGINEER 1313 Sherman St., Room 821, Denver, CO 80203 303.866.3581 www.water.state.co.us and dwrpermitsonline@state.co.us	For Office Use Only
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WELL ABANDONMENT REPORT

Use to report plugging and sealing of permitted wells, monitoring and other holes. Type or print in black or blue ink. Instructions and plugging standards are on reverse side

1. Well Permit Number of plugged well 42040-MH or MH File Number MH- _____
 Owners Well Designation- Rider #1 Monitoring Wells Receipt Number: 0042040
2. Individual/Company responsible for plugging and sealing the well:
 Name(s) Wright Choice - Tony Weichel License # N/A
 Mailing Address 2740 W 13th Street
 City, St., Zip Greely, CO 80634
 Phone (970) 590-9510 Email tweichel@wrightchoiceinc.com
3. Well (Hole) Owner: Name(s): TOP Operating Co.
 Phone: (303) 727-9915 Email: jeff.freitas@topoperating.com
 Mailing Address, City, St., Zip: 3609 South Wadsworth Blvd Ste. 340, Lakewood CO 80235
4. Well Location Address: 350' North of 1000 Button Rock Dr. Longmont CO and 1011' West of County Line Rd.
5. GPS Well Location: County Boulder
 UTM ☐ Zone 12 or ☒ Zone 13 Easting 495106.7 Northing 4447720.0
6. Legal Location: NE 1/4 of the SE 1/4, Sec 36, Twp 3 ☒ N or S ☐, Range 69 ☐ E or W ☒, 6th P.M.
 Distance from Section Lines 1730 Ft. From ☐ N or S ☒, 1011 Ft. From ☐ E or W ☒ Line.
 Subdivision Name Quail Crossing Lot --, Block --, Filing/Unit 5
7. I/we report the existing well/hole was plugged and sealed on 09/14/2017 (date) for the following reason(s):
☐ The well was plugged and sealed as required under Well Permit Number _____.
☐ The well was not in use and was plugged and sealed.
☒ Other (please explain) Part of the reclamation process of a former Oil and Gas well site (COGCC Reg. 1000).
8. Aquifer Type: ☐ Type I (One Confining Layer) ☐ Type I (Multiple Confining Layer) ☐ Laramie-Fox Hills
 (check one) ☐ Type II (Not Overlain by Type III) ☐ Type II (Overlain by Type III) ☒ Type III (alluvial)
9. Intervals of Casing Removed/Ripped:
 from 2 feet to 0 feet, from _____ feet to _____ feet, from _____ feet to _____ feet,
 from _____ feet to _____ feet, from _____ feet to _____ feet, from _____ feet to _____ feet,
- | 10. Amount and Type of Material | Method of Placement | Interval |
|---------------------------------|--------------------------|--------------------------------------|
| Cement | Filled via top-of-casing | from <u>15</u> feet to <u>2</u> feet |
| _____ | _____ | from _____ feet to _____ feet |
| _____ | _____ | from _____ feet to _____ feet |
| _____ | _____ | from _____ feet to _____ feet |

I have read the statements made herein and know the contents thereof, and they are true to my knowledge. This document is signed (or name entered if filing online) and certified in accordance with Rule 17.4 of the Water Well Construction Rules, 2 CCR 402.2. The filing of a document that contains false statements is a violation of section 37 91 108(1)(e), C.R.S., and is punishable by fines up to \$1,000 and/or revocation of the contracting license. If filing online the State Engineer considers the entry of the licensed contractor's name to be in compliance with Rule 17.4.

11. Signature(s) 	Please Print the Name, Title, & License No. <u>Rod Herring, President</u>	Date <u>9/14/2017</u>
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It is the responsibility of the well owner to have the well/hole properly plugged and sealed. The Well Construction Contractor is responsible for notifying the owner of this requirement in writing.