

FORM

6A

Rev 08/22

State of Colorado

Oil and Gas Conservation Commission

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



Document Number:

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Date Received:

10/10/2022

OUT OF SERVICE DESIGNATION

Rule 434.d. Out of Service Designation and Plugging List. An Operator will designate a Well as Out of Service on a Form 6A, Out of Service Designation, and the Out of Service Well is then placed on the Operator's Plugging List.

CONTACT INFORMATION

OGCC Operator Number: 5
Name of Operator: COLORADO OIL & GAS CONSERVATION COMMISSION
Address: 1120 LINCOLN ST SUITE 801
City: DENVER State: CO Zip: 80203

Contact Name and Telephone:
Name: test test
Phone: (303) 8942100
Email: test@test.com

WELL PLUGGING DATA

The number of Wells the Operator has plugged in the previous 12 months:

EVIDENCE OF FINANCIAL CAPABILITY

Provide evidence that the Operator is financially capable of meeting the timelines required by Rule 434.d.(4) for its Plugging List. (If this space is inadequate, provide as an attachment.)

This is a test!

OUT OF SERVICE DESIGNATION

Summary of Wells to be Designated as Out of Service and placed on the Operator's Plugging List

Within 2000' of a School Facility 5
Within 2000' of a Child Care Center 5
Within 2000' of a High Occupancy Building Unit 5
TOTAL NUMBER OF WELLS 9
Valid 9 Invalid 0

Within 2000' of a Residential Building Unit within a Disproportionately Impacted Community 5
Within High Priority Habitat 5
Detected Leak on Operator's CDPHE/AQCC Reg 7 Delayed Repair List 5

Form Submit Date: 10/10/2022
Plugging Due Date For Wells: 12/31/2027

#	Inv	API	Well Name & Number	Date Ceased Production or Utilization	Within 2000' of a School Facility?	Within 2000' of a Child Care Center?	Within 2000' of a High Occupancy Building Unit?	Within 2000' of a Residential Building Unit within a Disproportionately Impacted Community?	Within High Priority Habitat?	Detected Leak on Operator's CDPHE/AQCC Reg 7 Delayed Repair List?
3		051-05004		07/12/2017	Yes	Yes	Yes	Yes	Yes	Yes
4		029-05005		06/03/2019	No	No	No	No	No	No
5		043-40085		07/22/2000	Yes	Yes	Yes	Yes	Yes	Yes
6		043-40067		04/13/2013	No	No	No	No	No	No
7		013-40010		01/17/2009	Yes	Yes	Yes	Yes	Yes	Yes
8		103-40663		11/27/2020	Yes	Yes	Yes	Yes	Yes	Yes
9		103-40666		08/13/2021	Yes	Yes	Yes	Yes	Yes	Yes
10		083-06598		04/10/2010	No	No	No	No	No	No
11		001-40020		10/29/2020	No	No	No	No	No	No

OPERATOR COMMENT AND SUBMITTAL

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

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Print Name: test testEmail: test@test.comTitle: Test guyDate: 10/10/2022**Attachment Check List****Att Doc Num****Name**

403108474

EDD-DESIGNATION

Total Attach: 1 Files