


FORM 6 Rev 11/20	State of Colorado				DE	ET	OE	ES																																	
	Energy & Carbon Management Commission 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109				Replug By Other Operator Document Number: 403512630 Date Received:																																				
WELL ABANDONMENT REPORT																																									
<p>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.</p>																																									
OGCC Operator Number: 10670			Contact Name: Jake Van Bramer																																						
Name of Operator: BISON IV OPERATING LLC			Phone: (720) 370-5484																																						
Address: 518 17TH STREET SUITE 1800			Fax:																																						
City: DENVER State: CO Zip: 80202			Email: jvanbramer@bisonog.com																																						
For "Intent" 24 hour notice required,			Name: Petrie, Erica			Tel: (303) 726-3822																																			
COGCC contact:			Email: erica.petrie@state.co.us																																						
Type of Well Abandonment Report: <input checked="" type="checkbox"/> Notice of Intent to Abandon <input type="checkbox"/> Subsequent Report of Abandonment																																									
API Number 05-123-14399-00																																									
Well Name: ROTH Well Number: 12-7																																									
Location: QtrQtr: NWSW Section: 7 Township: 7N Range: 59W Meridian: 6																																									
County: WELD Federal, Indian or State Lease Number: 55567																																									
Field Name: CARETAKER Field Number: 10225																																									
Only Complete the Following Background Information for Intent to Abandon																																									
Latitude: 40.588386 Longitude: -104.028180																																									
GPS Data: GPS Quality Value: Type of GPS Quality Value: Date of Measurement:																																									
Reason for Abandonment: <input type="checkbox"/> Dry <input type="checkbox"/> Production Sub-economic <input type="checkbox"/> Mechanical Problems																																									
<input checked="" type="checkbox"/> Other Re-entry to re-plug																																									
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																																									
<table border="1"><thead><tr><th>Formation</th><th>Perf. Top</th><th>Perf. Btm</th><th>Abandoned Date</th><th>Method of Isolation</th><th>Plug Depth</th></tr></thead><tbody><tr><td>D SAND</td><td>6769</td><td>6775</td><td>11/13/1989</td><td>B PLUG CEMENT TOP</td><td>6700</td></tr></tbody></table>									Formation	Perf. Top	Perf. Btm	Abandoned Date	Method of Isolation	Plug Depth	D SAND	6769	6775	11/13/1989	B PLUG CEMENT TOP	6700																					
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Total: 1 zone(s)																																									
Casing History																																									
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Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 6700 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 10 sks cmt from 1468 ft. to 1368 ft. Plug Type: CASING Plug Tagged: ☐
Set 172 sks cmt from 790 ft. to 257 ft. Plug Type: OPEN HOLE Plug Tagged: ☐
Set 88 sks cmt from 257 ft. to 0 ft. Plug Type: CASING 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 1518 ft. with 34 sacks. Leave at least 100 ft. in casing 1468 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 _____ sacks half in. half out surface casing from _____ ft. to _____ ft. Plug Tagged: ☐

Set _____ 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. of _____ inch casing

Surface Plug Setting Date: _____ Cut and Cap Date: _____ Number of Days from Setting Surface Plug to Capping or Sealing the Well: _____

*Wireline Contractor: _____

*Cementing Contractor: _____

Type of Cement and Additives Used: _____

Flowline/Pipeline has been abandoned per Rule 1105 ☐ Yes ☐ No

Technical Detail/Comments:

See the attached procedure for additional details.
Operator is re-entering for P&A prior to Hydraulic Fracturing Treatment on the Mottled Pad (Loc ID 453399).
A closed loop system will be used.

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

Signed: _____

Print Name: Rachel Milne

Title: Regulatory Consultant

Date: _____

Email: rmilne@bisonog.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: _____

Date: _____

CONDITIONS OF APPROVAL, IF ANY: _____

Expiration Date: _____

COA Type

Description

0 COA

Attachment List

<u>Att Doc Num</u>	<u>Name</u>
403512655	LOCATION PHOTO
403512656	SURFACE OWNER CONSENT
403513416	WELLBORE DIAGRAM
403517064	WELLBORE DIAGRAM
403517070	PROPOSED PLUGGING PROCEDURE

Total Attach: 5 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)