

State of Colorado
Energy & Carbon Management Commission

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OUT OF SERVICE WELLS REPORT

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: <u>10679</u>	Contact Name and Telephone:
Name of Operator: <u>LOGOS OPERATING LLC</u>	Name: <u>Vanessa Fields</u>
Address: <u>2010 AFTON PLACE</u>	Phone: <u>(505) 320-1243</u>
City: <u>FARMINGTON</u> State: <u>NM</u> Zip: <u>87401</u>	Email: <u>vfields@logosresourcesllc.com</u>

OUT OF SERVICE WELLS

Annual Out of Service Wells Report for Calendar Year: 7

Report Summary

Total Out of Service Wells #	<u>7</u>
Valid Data #	<u>7</u>
Data with Errors #	<u>0</u>

Summaries Below are for Valid Data ONLY

	Not Started	In Progress	Complete
Electric Service Terminated	<u>7</u>	<u>0</u>	<u>0</u>
Lines & Equipment Purged	<u>7</u>	<u>0</u>	<u>0</u>
Surface Equipment Removed	<u>7</u>	<u>0</u>	<u>0</u>
OOSLAT Applied	<u>7</u>	<u>0</u>	<u>0</u>
Plug and Abandon Status	<u>7</u>	<u>0</u>	<u>0</u>

Plug and Abandon Status for Categories of Interest*	Not Started	In Progress	Complete	Total
Within 2000' of a School Facility	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Within 2000' of a Child Care Center	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Within 2000' of a High Occupancy Building Unit	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Within 2000' of a Residential Building Unit within a Disproportionately Impacted Community	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Within High Priority Habitat	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Detected Leak on Operator's CDPHE/AQCC Reg 7 Delayed Repair List	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

*Please note individual wells may fall into more than one Category of Interest

Describe the Operator's compliance with the timelines in Rule434.d.(4).

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.

Print Name: Vanessa Fields Email: vfields@logosresourcesllc.com

Title: Regulatory Manager Date: _____

CONDITIONS OF APPROVAL, IF ANY

<u>COA Type</u>	<u>Description</u>

Total: 0 COA

General Comments

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

Total: 0 comment(s)

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
403737130	EDD-WELLS

Total Attach: 1 Files