

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>95233</u>	Contact Name and Telephone:
Name of Operator: <u>WELLINGTON OPERATING COMPANY</u>	Name: <u>Randy Evans</u>
Address: <u>15301 DALLAS PKWY SUITE 900</u>	Phone: <u>(970) 402-0418</u>
City: <u>ADDISON</u> State: <u>TX</u> Zip: <u>75001</u>	Email: <u>Revans@Wellingtonoperating.com</u>

OUT OF SERVICE WELLS

Annual Out of Service Wells Report for Calendar Year: _____

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

	<u>Not Started</u>	<u>In Progress</u>	<u>Complete</u>
Electric Service Terminated	<u>0</u>	<u>1</u>	<u>6</u>
Lines & Equipment Purged	<u>2</u>	<u>0</u>	<u>5</u>
Surface Equipment Removed	<u>0</u>	<u>0</u>	<u>7</u>
OOSLAT Applied	<u>0</u>	<u>0</u>	<u>7</u>
Plug and Abandon Status	<u>0</u>	<u>2</u>	<u>3</u>

Plug and Abandon Status for Categories of Interest*	<u>Not Started</u>	<u>In Progress</u>	<u>Complete</u>	<u>Total</u>
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: Randy Evans Email: Revans@Wellingtonoperating.com

Title: Wastewater Treatment ORC 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>

Total Attach: 0 Files