

| <b>FORM</b><br><b>6</b><br><small>Rev<br/>11/20</small>  | <b>State of Colorado</b><br><b>Energy &amp; Carbon Management Commission</b><br><small>1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109</small> |                          |   |                     | <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:12.5%; text-align: center;">DE</td><td style="width:12.5%; text-align: center;">ET</td><td style="width:12.5%; text-align: center;">OE</td><td style="width:12.5%; text-align: center;">ES</td></tr></table> |                                    |              |                          | DE                               | ET                  | OE            | ES   |           |         |                              |        |      |   |       |      |            |   |     |                     |  |                    |                                   |     |       |  |                            |      |   |      |     |                      |      |     |  |       |       |      |            |   |      |     |      |      |     |
|--|---|--------------------------|---|---------------------|--|------------------------------------|--------------|--------------------------|----------------------------------|---------------------|---------------|--|-----------|---------|------------------------------|--------|------|---|-------|------|------------|---|-----|---------------------|--|--------------------|-----------------------------------|-----|-------|--|----------------------------|------|---|------|-----|----------------------|------|-----|--|-------|-------|------|------------|---|------|-----|------|------|-----|
|  | DE  | ET                       | OE  | ES                  |  |                                    |              |                          |                                  |                     |               |  |           |         |                              |        |      |   |       |      |            |   |     |                     |  |                    |                                   |     |       |  |                            |      |   |      |     |                      |      |     |  |       |       |      |            |   |      |     |      |      |     |
|  | <b>WELL ABANDONMENT REPORT</b>  |                          |   |                     | <b>Document Number:</b><br><div style="text-align: center; margin-top: 10px;">403755908</div> <b>Date Received:</b>  |                                    |              |                          |                                  |                     |               |  |           |         |                              |        |      |   |       |      |            |   |     |                     |  |                    |                                   |     |       |  |                            |      |   |      |     |                      |      |     |  |       |       |      |            |   |      |     |      |      |     |
| <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.</p> <p>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>   |   |                          |   |                     |  |                                    |              |                          |                                  |                     |               |  |           |         |                              |        |      |   |       |      |            |   |     |                     |  |                    |                                   |     |       |  |                            |      |   |      |     |                      |      |     |  |       |       |      |            |   |      |     |      |      |     |
| <table style="width:100%;"><tr><td colspan="3">ECMC Operator Number: <u>47120</u></td><td colspan="3">Contact Name: <u>Lorena Ruiz</u></td></tr><tr><td colspan="3">Name of Operator: <u>KERR MCGEE OIL &amp; GAS ONSHORE LP</u></td><td colspan="3">Phone: <u>(970) 336-3535</u></td></tr><tr><td colspan="3">Address: <u>P O BOX 173779</u></td><td colspan="3">Fax: _____</td></tr><tr><td>City: <u>DENVER</u></td><td>State: <u>CO</u></td><td>Zip: <u>80217-</u></td><td colspan="3">Email: <u>lorena_ruiz@oxy.com</u></td></tr><tr><td colspan="3"><b>For "Intent" 24 hour notice required,</b></td><td colspan="3">Name: <u>Revas, Robbie</u> Tel: <u>(720) 661-7242</u></td></tr><tr><td colspan="3"><b>ECMC contact:</b></td><td colspan="3">Email: <u>robbie.revas@state.co.us</u></td></tr></table>   |   |                          |   |                     |  | ECMC Operator Number: <u>47120</u> |              |                          | Contact Name: <u>Lorena Ruiz</u> |                     |               | Name of Operator: <u>KERR MCGEE OIL &amp; GAS ONSHORE LP</u> |           |         | Phone: <u>(970) 336-3535</u> |        |      | Address: <u>P O BOX 173779</u>  |       |      | Fax: _____ |   |     | City: <u>DENVER</u> | State: <u>CO</u>                             | Zip: <u>80217-</u> | Email: <u>lorena_ruiz@oxy.com</u> |     |       | <b>For "Intent" 24 hour notice required,</b> |                            |      | Name: <u>Revas, Robbie</u> Tel: <u>(720) 661-7242</u> |      |     | <b>ECMC contact:</b> |      |     | Email: <u>robbie.revas@state.co.us</u> |       |       |      |            |   |      |     |      |      |     |
| ECMC Operator Number: <u>47120</u>   |   |                          | Contact Name: <u>Lorena Ruiz</u>                      |                     |  |                                    |              |                          |                                  |                     |               |  |           |         |                              |        |      |   |       |      |            |   |     |                     |  |                    |                                   |     |       |  |                            |      |   |      |     |                      |      |     |  |       |       |      |            |   |      |     |      |      |     |
| Name of Operator: <u>KERR MCGEE OIL &amp; GAS ONSHORE LP</u>   |   |                          | Phone: <u>(970) 336-3535</u>                          |                     |  |                                    |              |                          |                                  |                     |               |  |           |         |                              |        |      |   |       |      |            |   |     |                     |  |                    |                                   |     |       |  |                            |      |   |      |     |                      |      |     |  |       |       |      |            |   |      |     |      |      |     |
| Address: <u>P O BOX 173779</u>   |   |                          | Fax: _____  |                     |  |                                    |              |                          |                                  |                     |               |  |           |         |                              |        |      |   |       |      |            |   |     |                     |  |                    |                                   |     |       |  |                            |      |   |      |     |                      |      |     |  |       |       |      |            |   |      |     |      |      |     |
| City: <u>DENVER</u>  | State: <u>CO</u>  | Zip: <u>80217-</u>       | Email: <u>lorena_ruiz@oxy.com</u>                     |                     |  |                                    |              |                          |                                  |                     |               |  |           |         |                              |        |      |   |       |      |            |   |     |                     |  |                    |                                   |     |       |  |                            |      |   |      |     |                      |      |     |  |       |       |      |            |   |      |     |      |      |     |
| <b>For "Intent" 24 hour notice required,</b>   |   |                          | Name: <u>Revas, Robbie</u> Tel: <u>(720) 661-7242</u> |                     |  |                                    |              |                          |                                  |                     |               |  |           |         |                              |        |      |   |       |      |            |   |     |                     |  |                    |                                   |     |       |  |                            |      |   |      |     |                      |      |     |  |       |       |      |            |   |      |     |      |      |     |
| <b>ECMC contact:</b>   |   |                          | Email: <u>robbie.revas@state.co.us</u>                |                     |  |                                    |              |                          |                                  |                     |               |  |           |         |                              |        |      |   |       |      |            |   |     |                     |  |                    |                                   |     |       |  |                            |      |   |      |     |                      |      |     |  |       |       |      |            |   |      |     |      |      |     |
| Type of Well Abandonment Report: <input checked="" type="checkbox"/> <b>Notice of Intent to Abandon</b> <input type="checkbox"/> <b>Subsequent Report of Abandonment</b>   |   |                          |   |                     |  |                                    |              |                          |                                  |                     |               |  |           |         |                              |        |      |   |       |      |            |   |     |                     |  |                    |                                   |     |       |  |                            |      |   |      |     |                      |      |     |  |       |       |      |            |   |      |     |      |      |     |
| <table style="width:100%;"><tr><td colspan="2">API Number <u>05-123-20706-00</u></td><td colspan="4">Well Number: <u>6-7A</u></td></tr><tr><td>Well Name: <u>MILLER FEDERAL</u></td><td colspan="5"></td></tr><tr><td>Location:    QtrQtr: <u>SENW</u>    Section: <u>7</u>    Township: <u>2N</u>    Range: <u>66W</u>    Meridian: <u>6</u></td><td colspan="5"></td></tr><tr><td>County: <u>WELD</u></td><td colspan="5">Federal, Indian or State Lease Number: _____</td></tr><tr><td>Field Name: <u>WATTENBERG</u></td><td colspan="5">Field Number: <u>90750</u></td></tr></table>   |   |                          |   |                     |  | API Number <u>05-123-20706-00</u>  |              | Well Number: <u>6-7A</u> |                                  |                     |               | Well Name: <u>MILLER FEDERAL</u>                             |           |         |                              |        |      | Location:    QtrQtr: <u>SENW</u> Section: <u>7</u> Township: <u>2N</u> Range: <u>66W</u> Meridian: <u>6</u> |       |      |            |   |     | County: <u>WELD</u> | Federal, Indian or State Lease Number: _____ |                    |                                   |     |       | Field Name: <u>WATTENBERG</u>                | Field Number: <u>90750</u> |      |   |      |     |                      |      |     |  |       |       |      |            |   |      |     |      |      |     |
| API Number <u>05-123-20706-00</u>  |   | Well Number: <u>6-7A</u> |   |                     |  |                                    |              |                          |                                  |                     |               |  |           |         |                              |        |      |   |       |      |            |   |     |                     |  |                    |                                   |     |       |  |                            |      |   |      |     |                      |      |     |  |       |       |      |            |   |      |     |      |      |     |
| Well Name: <u>MILLER FEDERAL</u>   |   |                          |   |                     |  |                                    |              |                          |                                  |                     |               |  |           |         |                              |        |      |   |       |      |            |   |     |                     |  |                    |                                   |     |       |  |                            |      |   |      |     |                      |      |     |  |       |       |      |            |   |      |     |      |      |     |
| Location:    QtrQtr: <u>SENW</u> Section: <u>7</u> Township: <u>2N</u> Range: <u>66W</u> Meridian: <u>6</u>  |   |                          |   |                     |  |                                    |              |                          |                                  |                     |               |  |           |         |                              |        |      |   |       |      |            |   |     |                     |  |                    |                                   |     |       |  |                            |      |   |      |     |                      |      |     |  |       |       |      |            |   |      |     |      |      |     |
| County: <u>WELD</u>  | Federal, Indian or State Lease Number: _____  |                          |   |                     |  |                                    |              |                          |                                  |                     |               |  |           |         |                              |        |      |   |       |      |            |   |     |                     |  |                    |                                   |     |       |  |                            |      |   |      |     |                      |      |     |  |       |       |      |            |   |      |     |      |      |     |
| Field Name: <u>WATTENBERG</u>  | Field Number: <u>90750</u>  |                          |   |                     |  |                                    |              |                          |                                  |                     |               |  |           |         |                              |        |      |   |       |      |            |   |     |                     |  |                    |                                   |     |       |  |                            |      |   |      |     |                      |      |     |  |       |       |      |            |   |      |     |      |      |     |
| <i>Only Complete the Following Background Information for Intent to Abandon</i>  |   |                          |   |                     |  |                                    |              |                          |                                  |                     |               |  |           |         |                              |        |      |   |       |      |            |   |     |                     |  |                    |                                   |     |       |  |                            |      |   |      |     |                      |      |     |  |       |       |      |            |   |      |     |      |      |     |
| Latitude: <u>40.153980</u> Longitude: <u>-104.822130</u>   |   |                          |   |                     |  |                                    |              |                          |                                  |                     |               |  |           |         |                              |        |      |   |       |      |            |   |     |                     |  |                    |                                   |     |       |  |                            |      |   |      |     |                      |      |     |  |       |       |      |            |   |      |     |      |      |     |
| GPS Data:    GPS Quality Value: <u>2.8</u> Type of GPS Quality Value: _____    Date of Measurement: <u>07/29/2006</u>  |   |                          |   |                     |  |                                    |              |                          |                                  |                     |               |  |           |         |                              |        |      |   |       |      |            |   |     |                     |  |                    |                                   |     |       |  |                            |      |   |      |     |                      |      |     |  |       |       |      |            |   |      |     |      |      |     |
| Reason for Abandonment: <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Production Sub-economic <input type="checkbox"/> Mechanical Problems  |   |                          |   |                     |  |                                    |              |                          |                                  |                     |               |  |           |         |                              |        |      |   |       |      |            |   |     |                     |  |                    |                                   |     |       |  |                            |      |   |      |     |                      |      |     |  |       |       |      |            |   |      |     |      |      |     |
| <input type="checkbox"/> Other _____   |   |                          |   |                     |  |                                    |              |                          |                                  |                     |               |  |           |         |                              |        |      |   |       |      |            |   |     |                     |  |                    |                                   |     |       |  |                            |      |   |      |     |                      |      |     |  |       |       |      |            |   |      |     |      |      |     |
| Casing to be pulled: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    Estimated Depth: <u>1570</u>   |   |                          |   |                     |  |                                    |              |                          |                                  |                     |               |  |           |         |                              |        |      |   |       |      |            |   |     |                     |  |                    |                                   |     |       |  |                            |      |   |      |     |                      |      |     |  |       |       |      |            |   |      |     |      |      |     |
| 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: _____   |   |                          |   |                     |  |                                    |              |                          |                                  |                     |               |  |           |         |                              |        |      |   |       |      |            |   |     |                     |  |                    |                                   |     |       |  |                            |      |   |      |     |                      |      |     |  |       |       |      |            |   |      |     |      |      |     |
| <b>Current and Previously Abandoned Zones</b>  |   |                          |   |                     |  |                                    |              |                          |                                  |                     |               |  |           |         |                              |        |      |   |       |      |            |   |     |                     |  |                    |                                   |     |       |  |                            |      |   |      |     |                      |      |     |  |       |       |      |            |   |      |     |      |      |     |
| <table style="width:100%;"><tr><th style="text-align: left;">Formation</th><th style="text-align: center;">Perf. Top</th><th style="text-align: center;">Perf. Btm</th><th style="text-align: center;">Abandoned Date</th><th style="text-align: center;">Method of Isolation</th><th style="text-align: center;">Plug Depth</th></tr><tr><td>J SAND</td><td style="text-align: center;">7778</td><td style="text-align: center;">7838</td><td></td><td></td><td></td></tr></table>  |   |                          |   |                     |  | Formation                          | Perf. Top    | Perf. Btm                | Abandoned Date                   | Method of Isolation | Plug Depth    | J SAND   | 7778      | 7838    |                              |        |      |   |       |      |            |   |     |                     |  |                    |                                   |     |       |  |                            |      |   |      |     |                      |      |     |  |       |       |      |            |   |      |     |      |      |     |
| Formation  | Perf. Top   | Perf. Btm                | Abandoned Date  | Method of Isolation | Plug Depth   |                                    |              |                          |                                  |                     |               |  |           |         |                              |        |      |   |       |      |            |   |     |                     |  |                    |                                   |     |       |  |                            |      |   |      |     |                      |      |     |  |       |       |      |            |   |      |     |      |      |     |
| J SAND   | 7778  | 7838                     |   |                     |  |                                    |              |                          |                                  |                     |               |  |           |         |                              |        |      |   |       |      |            |   |     |                     |  |                    |                                   |     |       |  |                            |      |   |      |     |                      |      |     |  |       |       |      |            |   |      |     |      |      |     |
| Total: 1 zone(s)   |   |                          |   |                     |  |                                    |              |                          |                                  |                     |               |  |           |         |                              |        |      |   |       |      |            |   |     |                     |  |                    |                                   |     |       |  |                            |      |   |      |     |                      |      |     |  |       |       |      |            |   |      |     |      |      |     |
| <b>Casing History</b>  |   |                          |   |                     |  |                                    |              |                          |                                  |                     |               |  |           |         |                              |        |      |   |       |      |            |   |     |                     |  |                    |                                   |     |       |  |                            |      |   |      |     |                      |      |     |  |       |       |      |            |   |      |     |      |      |     |
| <table style="width:100%;"><tr><th>Casing Type</th><th>Size of Hole</th><th>Size of Casing</th><th>Grade</th><th>Wt/Ft</th><th>Csg/Liner Top</th><th>Setting Depth</th><th>Sacks Cmt</th><th>Cmt Btm</th><th>Cmt Top</th><th>Status</th></tr><tr><td>SURF</td><td>12+1/4</td><td>8+5/8</td><td>J-55</td><td>24</td><td style="text-align: center;">0</td><td style="text-align: center;">812</td><td style="text-align: center;">570</td><td style="text-align: center;">812</td><td style="text-align: center;">0</td><td>VISU</td></tr><tr><td>1ST</td><td>7+7/8</td><td>4+1/2</td><td>I-80</td><td>11.6</td><td style="text-align: center;">0</td><td style="text-align: center;">7926</td><td style="text-align: center;">250</td><td style="text-align: center;">7926</td><td style="text-align: center;">6410</td><td>CBL</td></tr><tr><td></td><td>7+7/8</td><td>4+1/2</td><td>I-80</td><td>Stage Tool</td><td style="text-align: center;">0</td><td style="text-align: center;">4872</td><td style="text-align: center;">250</td><td style="text-align: center;">4884</td><td style="text-align: center;">3670</td><td>CBL</td></tr></table> |   |                          |   |                     |  | Casing Type                        | Size of Hole | Size of Casing           | Grade                            | Wt/Ft               | Csg/Liner Top | Setting Depth  | Sacks Cmt | Cmt Btm | Cmt Top                      | Status | SURF | 12+1/4  | 8+5/8 | J-55 | 24         | 0 | 812 | 570                 | 812  | 0                  | VISU                              | 1ST | 7+7/8 | 4+1/2  | I-80                       | 11.6 | 0   | 7926 | 250 | 7926                 | 6410 | CBL |  | 7+7/8 | 4+1/2 | I-80 | Stage Tool | 0 | 4872 | 250 | 4884 | 3670 | CBL |
| Casing Type  | Size of Hole  | Size of Casing           | Grade   | Wt/Ft               | Csg/Liner Top  | Setting Depth                      | Sacks Cmt    | Cmt Btm                  | Cmt Top                          | Status              |               |  |           |         |                              |        |      |   |       |      |            |   |     |                     |  |                    |                                   |     |       |  |                            |      |   |      |     |                      |      |     |  |       |       |      |            |   |      |     |      |      |     |
| SURF   | 12+1/4  | 8+5/8                    | J-55  | 24                  | 0  | 812                                | 570          | 812                      | 0                                | VISU                |               |  |           |         |                              |        |      |   |       |      |            |   |     |                     |  |                    |                                   |     |       |  |                            |      |   |      |     |                      |      |     |  |       |       |      |            |   |      |     |      |      |     |
| 1ST  | 7+7/8   | 4+1/2                    | I-80  | 11.6                | 0  | 7926                               | 250          | 7926                     | 6410                             | CBL                 |               |  |           |         |                              |        |      |   |       |      |            |   |     |                     |  |                    |                                   |     |       |  |                            |      |   |      |     |                      |      |     |  |       |       |      |            |   |      |     |      |      |     |
|  | 7+7/8   | 4+1/2                    | I-80  | Stage Tool          | 0  | 4872                               | 250          | 4884                     | 3670                             | CBL                 |               |  |           |         |                              |        |      |   |       |      |            |   |     |                     |  |                    |                                   |     |       |  |                            |      |   |      |     |                      |      |     |  |       |       |      |            |   |      |     |      |      |     |

## Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 7750 with 2 sacks cmt on top. CIBP #2: Depth 300 with 90 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 7057 ft. to 6930 ft. Plug Type: CASING Plug Tagged: ☐  
Set 5 sks cmt from 4295 ft. to 4235 ft. Plug Type: CASING Plug Tagged: ☐  
Set 45 sks cmt from 2310 ft. to 1710 ft. Plug Type: CASING Plug Tagged: ☐  
Set 90 sks cmt from 300 ft. to 0 ft. Plug Type: CASING Plug Tagged: ☐  
Set \_\_\_\_\_ sks cmt from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Plug Type: \_\_\_\_\_ Plug Tagged: ☐

Perforate and squeeze at 7087 ft. with 90 sacks. Leave at least 100 ft. in casing 7057 CICR Depth

Perforate and squeeze at 4325 ft. with 95 sacks. Leave at least 100 ft. in casing 4295 CICR Depth

Perforate and squeeze at 2310 ft. with 145 sacks. Leave at least 100 ft. in casing \_\_\_\_\_ CICR Depth

(Cast Iron Cement Retainer Depth)

Set 370 sacks half in. half out surface casing from 1620 ft. to 762 ft. Plug Tagged: ☐

Set 90 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:

**Additional Plugging Information:**

No record of Surface Casing Grade can be found. Listed grade is the most likely possibility.

**BMPs**

**Signage for P&As:**

Prior to commencing operations, KMG will post signs in conspicuous locations. The signs will indicate plugging and abandonment operations are being conducted, the well name, well, and the Operator's contact information. Signs will be placed so as not to create a potential traffic hazard.

**Notifications:**

Courtesy notifications will be sent to all parcel owners with building units within 1,500 feet of the location letting them know about out plugging and abandonment operations and providing contact information for Kerr McGee's response line and online resources.

**Wellbore Pressure:**

In some cases, wellbore pressure drawdown operations may occur approximately 1-2 days prior to Move In Rig Up (MIRU) of the workover rig. This is conducted to allow for reduced time that the workover rig is needed on location. These operations will be conducted in accordance with Form 4 and/or Form 6 requirements.

**Water:**

Water will be placed on dirt access roads to mitigate dust as needed.

**Lighting:**

Operations are daylight-only; no lighting impacts are anticipated from operations.

**Noise:**

Operations will be in compliance with Table 423-1 requirements. Based off the rig sound signature, rig orientation will be considered to reduce noise levels to nearby building units.

**Environmental Concerns:**

This location was reviewed using a desktop method to review publicly available wildlife data (including CPW & ECMC data) as well as internal wildlife datasets and aerial imagery. All field personnel are trained to identify wildlife risks and raise concerns noticed during operations with the KMOG Health, Safety, and Environment (HSE) department.

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

Signed: \_\_\_\_\_ Print Name: Lorena Ruiz  
Title: Regulatory Tech Date: \_\_\_\_\_ Email: lorena\_ruiz@oxy.com

Based on the information provided herein, this Well Abandonment Report (Form 6) complies with ECMC Rules and applicable orders and is hereby approved.

ECMC Approved: \_\_\_\_\_ Date: \_\_\_\_\_

**CONDITIONS OF APPROVAL, IF ANY LIST**

Expiration Date: \_\_\_\_\_

| COA Type | Description |
|----------|-------------|
| 0 COA    |             |

**ATTACHMENT LIST**

| Att Doc Num | Name                        |
|-------------|-----------------------------|
| 403755936   | PROPOSED PLUGGING PROCEDURE |
| 403755938   | WELLBORE DIAGRAM            |
| 403755940   | OTHER                       |

Total Attach: 3 Files

### General Comments

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

Total: 0 comment(s)