



<div>FORM 6</div> <div>Rev 11/20</div>	<div>State of Colorado</div> <div>Energy & Carbon Management Commission</div> <div>1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109</div>	<div></div>	<table><tr><td>DE</td><td>ET</td><td>OE</td><td>ES</td></tr></table>	DE	ET	OE	ES																		
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<div>WELL ABANDONMENT REPORT</div> <div><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></div>			<div>Replug By Other Operator</div> <div>Document Number: 403789601</div> <div>Date Received:</div>																						
<div><div>ECMC Operator Number: 10670</div><div>Contact Name: Mandie Flinn</div><div>Name of Operator: BISON IV OPERATING LLC</div><div>Phone: (720) 261-4461</div><div>Address: 518 17TH STREET SUITE 1800</div><div>Fax:</div><div>City: DENVER State: CO Zip: 80202</div><div>Email: mflinn@bisonog.com</div><div>For "Intent" 24 hour notice required, Name: Petrie, Erica Tel: (303) 726-3822</div><div>ECMC contact: Email: erica.petrie@state.co.us</div></div>																									
<div>Type of Well Abandonment Report: <input checked="" type="checkbox"/> Notice of Intent to Abandon <input type="checkbox"/> Subsequent Report of Abandonment</div>																									
<div><div>API Number 05-123-19442-00</div><div>Well Name: MALO Well Number: 10-20</div><div>Location: QtrQtr: NWSE Section: 20 Township: 8N Range: 59W Meridian: 6</div><div>County: WELD Federal, Indian or State Lease Number:</div><div>Field Name: WILDCAT Field Number: 99999</div></div>																									
<div>Only Complete the Following Background Information for Intent to Abandon</div> <div><div>Latitude: 40.645855 Longitude: -103.998739</div><div>GPS Data: GPS Quality Value: Type of GPS Quality Value: Date of Measurement:</div><div>Reason for Abandonment: <input type="checkbox"/> Dry <input type="checkbox"/> Production Sub-economic <input type="checkbox"/> Mechanical Problems</div><div><input checked="" type="checkbox"/> Other Offset Frac Reentry</div><div>Casing to be pulled: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Estimated Depth:</div><div>Fish in Hole: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain details below</div><div>Wellbore has Uncemented Casing leaks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain details below</div><div>Details:</div></div>																									
<div>Current and Previously Abandoned Zones</div> <table><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><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <div>Total: 0 zone(s)</div>				Formation	Perf. Top	Perf. Btm	Abandoned Date	Method of Isolation	Plug Depth																
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<div>Casing History</div> <table><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>na</td><td>na</td><td>0</td><td>312</td><td>187</td><td></td><td></td><td></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	na	na	0	312	187			
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Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth _____ with _____ 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 40 sks cmt from 6650 ft. to 6796 ft. Plug Type: OPEN HOLE Plug Tagged: ☐
Set 100 sks cmt from 5728 ft. to 6028 ft. Plug Type: OPEN HOLE Plug Tagged: ☐
Set 50 sks cmt from 1278 ft. to 1428 ft. Plug Type: OPEN HOLE 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 _____ ft. with _____ sacks. Leave at least 100 ft. in casing _____ CICR Depth
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Perforate and squeeze at _____ ft. with _____ sacks. Leave at least 100 ft. in casing _____ CICR Depth
(Cast Iron Cement Retainer Depth)

Set 130 sacks half in. half out surface casing from 380 ft. to 0 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 Number of Days from Setting Surface Plug to Capping or Sealing the Well: _____
Surface Plug Setting Date: _____ Cut and Cap Date: _____
*Wireline Contractor: _____ *Cementing Contractor: _____
Type of Cement and Additives Used: _____
Flowline/Pipeline has been abandoned per Rule 1105 ☐ Yes ☐ No

Technical Detail/Comments:

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

Signed: _____ Print Name: Mandie Flinn
Title: Operations Tech Date: _____ Email: mflinn@bisonog.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
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0 COA	
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ATTACHMENT LIST

<u>Att Doc Num</u>	<u>Name</u>
403789629	WELLBORE DIAGRAM
403789630	WELLBORE DIAGRAM
403789631	PROPOSED PLUGGING PROCEDURE
403789633	LOCATION PHOTO
403789635	SURFACE OWNER CONSENT

Total Attach: 5 Files

General Comments

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

Total: 0 comment(s)