



<div>FORM</div> <div>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: 403836442</div> <div>Date Received:</div>																																												
<div><div>ECMC Operator Number: 10459</div><div>Contact Name: Derek Clark</div><div>Name of Operator: EXTRACTION OIL & GAS INC</div><div>Phone: (720) 270-4921</div><div>Address: 555 17TH STREET SUITE 3700</div><div>Fax:</div><div>City: DENVER State: CO Zip: 80202</div><div>Email: declark@civiresources.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 05-123-19817-00</div><div>Well Name: MAIS Well Number: 1-35 (OWP)</div><div>Location: QtrQtr: NWSW Section: 35 Township: 8N Range: 56W Meridian: 6</div><div>County: WELD Federal, Indian or State Lease Number:</div><div>Field Name: WHITE BUTTE Field Number: 92796</div></div>																																															
<div>Only Complete the Following Background Information for Intent to Abandon</div> <div><div>Latitude: 40.615833 Longitude: -103.617400</div><div>GPS Data: GPS Quality Value: 1.5 Type of GPS Quality Value: PDOP Date of Measurement: 07/19/2012</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 P&A Orphan Well</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>D SAND</td><td>5656</td><td>5670</td><td></td><td></td><td></td></tr></table> <div>Total: 1 zone(s)</div>				Formation	Perf. Top	Perf. Btm	Abandoned Date	Method of Isolation	Plug Depth	D SAND	5656	5670																																			
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Date Run: 6/28/2024 Doc [#403836442] Well Name: MAIS 1-35 (OWP)Page 1 of 3

Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 5600 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 30 sks cmt from 4860 ft. to 4660 ft. Plug Type: CASING Plug Tagged: ☐
Set 25 sks cmt from 830 ft. to 630 ft. Plug Type: CASING Plug Tagged: ☐
Set 95 sks cmt from 306 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 4910 ft. with 36 sacks. Leave at least 100 ft. in casing 4860 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 10 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:

Proposed WBD Attached
Unable to confirm csg grade with historical documentation, (Used NA)
CPW consult is not required for big game HPH.

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

Signed: _____ Print Name: Aubrey Noonan
Title: Sr. Regulatory Analyst Date: _____ Email: regulatory@civiresources.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

Att Doc Num

Name

403836530

WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Stamp Upon
Approval

Total: 0 comment(s)