

<div>FORM</div> <div>6</div> <div>Rev 11/20</div>	<div>State of Colorado</div> <div>Energy &amp; Carbon Management Commission</div> <div>1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109</div>		<div><div><div></div></div><div><div></div></div></div>	<div>DE</div> <div>ET</div> <div>OE</div> <div>ES</div>																																	
	<div>WELL ABANDONMENT REPORT</div> <div><div>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.</div></div>		<div>Replug By Other Operator</div> <div>Document Number: 403928088</div> <div>Date Received:</div>																																		
<div><div>ECMC Operator Number: 10695</div><div>Contact Name: Deborah Abrams</div><div>Name of Operator: BEHRENS RESOURCES INC</div><div>Phone: (303) 8942100</div><div>Address: PO BOX 188</div><div>Fax:</div><div>City: DEER TRAIL State: CO Zip: 80135</div><div>Email: deborah.abrams@state.co.us</div><div>For "Intent" 24 hour notice required, Name: Medina, Justin Tel: (720) 471-0006</div><div>ECMC contact: Email: justin.medina@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 05-001-08052-00</div><div>Well Name: C LISCO Well Number: 14-31 (OWP)</div><div>Location: QtrQtr: NWNE Section: 14 Township: 3S Range: 64W Meridian: 6</div><div>County: ADAMS Federal, Indian or State Lease Number:</div><div>Field Name: SONAR Field Number: 77635</div></div>																																					
<div>Only Complete the Following Background Information for Intent to Abandon</div> <div><div>Latitude: 39.794680 Longitude: -104.515060</div><div>GPS Data: GPS Quality Value: 5.8 Type of GPS Quality Value: Date of Measurement: 09/22/2010</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 OWP</div><div>Casing to be pulled: <input type="checkbox"/> Yes <input type="checkbox"/> No Estimated Depth:</div><div>Fish in Hole: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain details below</div><div>Wellbore has Uncemented Casing leaks: <input type="checkbox"/> Yes <input 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>7891</td><td>7898</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	7891	7898																								
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Date Run: 9/19/2024 Doc [#403928088] Well Name: C LISCO 14-31 (OWP)

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## Plugging Procedure for Intent and Subsequent Report

CIBP #1: Depth 7816 with 3 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 <u>35</u> sks cmt from <u>1737</u> ft. to <u>1594</u> ft.	Plug Type: <u>ANNULUS</u>	Plug Tagged: <input type="checkbox"/>
Set <u>30</u> sks cmt from <u>1594</u> ft. to <u>1369</u> ft.	Plug Type: <u>CASING</u>	Plug Tagged: <input type="checkbox"/>
Set <u>90</u> sks cmt from <u>967</u> ft. to <u>614</u> ft.	Plug Type: <u>ANNULUS</u>	Plug Tagged: <input type="checkbox"/>
Set <u>10</u> sks cmt from <u>614</u> ft. to <u>514</u> ft.	Plug Type: <u>CASING</u>	Plug Tagged: <input type="checkbox"/>
Set _____ sks cmt from _____ ft. to _____ ft.	Plug Type: _____	Plug Tagged: <input type="checkbox"/>

Perforate and squeeze at <u>7176</u> ft. with <u>40</u> sacks. Leave at least 100 ft. in casing	<u>7126</u> CICR Depth
Perforate and squeeze at <u>4600</u> ft. with <u>40</u> sacks. Leave at least 100 ft. in casing	<u>4550</u> CICR Depth
Perforate and squeeze at <u>2940</u> ft. with <u>40</u> sacks. Leave at least 100 ft. in casing	<u>2890</u> CICR Depth

(Cast Iron Cement Retainer Depth)

Set \_\_\_\_\_ sacks half in. half out surface casing from \_\_\_\_\_ ft. to \_\_\_\_\_ 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 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:

Ran out of room on Plugging Procedure tab.  
Surface plug : perf at 270', pump 85 sx through perfs to surface.

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

Signed: \_\_\_\_\_ Print Name: Deborah Abrams  
Title: OWP Date: \_\_\_\_\_ Email: deborah.abrams@state.co.us

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**

403928112

WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

Stamp Upon  
Approval

Total: 0 comment(s)