



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

ECMC Operator Number: <u>10456</u>	Contact Name and Telephone:
Name of Operator: <u>CAERUS PICEANCE LLC</u>	Name: <u>Ally Ota</u>
Address: <u>1001 17TH STREET #1600</u>	Phone: <u>(303) 565-4600</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>aota@caerusoilandgas.com</u>

OUT OF SERVICE WELLS

Annual Out of Service Wells Report for Calendar Year: 2023

Report Summary

Total Out of Service Wells #
Valid Data #
Data with Errors # 151

Summaries Below are for Valid Data ONLY

	Not Started	In Progress	Complete
Electric Service Terminated	<u>0</u>	<u>2</u>	<u>149</u>
Lines & Equipment Purged	<u>61</u>	<u>17</u>	<u>73</u>
Surface Equipment Removed	<u>0</u>	<u>68</u>	<u>62</u>
OOSLAT Applied	<u>59</u>	<u>22</u>	<u>70</u>
Plug and Abandon Status	<u>63</u>	<u>16</u>	<u>72</u>

Plug and Abandon Status for Categories of Interest*	Not Started	In Progress	Complete	Total
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>2</u>	<u>0</u>	<u>2</u>	<u>4</u>
Within High Priority Habitat	<u>52</u>	<u>16</u>	<u>70</u>	<u>138</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).

Caerus will have all wells on this list plugged and abandoned in advance of the December 31, 2029 due date. All locations will be reclaimed by deadlines as rule 1004 requires unless a variance is approved by ECMC.

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: Ally Ota Email: aota@caerusoilandgas.com

Title: Regulatory Analyst Date: 03/21/2024

CONDITIONS OF APPROVAL, IF ANY LIST

<u>COA Type</u>	<u>Description</u>
	For all future Form 6B submissions, provide a detailed comment in the text box labeled "Describe the Operator's compliance with the timelines in Rule434.d.(4)" on the Out of Service Wells Report tab. This comment should contemplate costs to complete Out of Service Well list plug and abandonment requirements. Acknowledge the amount of Financial Assurance on file with ECMC. Describe goals and timeline plans. Summarize progress and how what has been accomplished aligns with completing the program on time.

Total: 1 COA

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	This was the first required annual report. Operator submitted the Form 6B on time. Future submissions of the Form 6B will document progress of the plugging operations of wells that have been designated as Out of Service.	11/25/2024

Total: 1 comment(s)

ATTACHMENT LIST

<u>Att Doc Num</u>	<u>Name</u>
403685399	Form 06B SUBMITTED
403727377	EDD-WELLS
404007015	EDD-WELLS-REVIEW
404007016	EDD-WELLS-REVIEW

Total Attach: 4 Files