



<div>FORM 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>	<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: 404149328</div> <div>Date Received:</div>																						
<div><div>ECMC Operator Number: 10670</div><div>Contact Name: Rachel Milne</div><div>Name of Operator: BISON IV OPERATING LLC</div><div>Phone: (720) 3708580</div><div>Address: 518 17TH STREET SUITE 1800</div><div>Fax:</div><div>City: DENVER State: CO Zip: 80202</div><div>Email: rmilne@bisonog.com</div><div>For "Intent" 24 hour notice required, Name: Evins, Bret Tel: (970) 420-6699</div><div>ECMC contact: Email: bret.evins@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 05-123-07169-00</div><div>Well Name: GUTTERSEN-KIME Well Number: 1</div><div>Location: QtrQtr: SESE Section: 26 Township: 7N Range: 63W 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: 40.539394 Longitude: -104.396351</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 The subject well is an offset to future infill drilling. The well has not</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>N/A</td><td>24</td><td>0</td><td>219</td><td>135</td><td>219</td><td>0</td><td>VISU</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	N/A	24	0	219	135	219	0	VISU
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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 100 sks cmt from 6265 ft. to 6565 ft. Plug Type: OPEN HOLE Plug Tagged: ☐  
Set 50 sks cmt from 1550 ft. to 1700 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: ☐  
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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(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: Rachel Milne  
Title: Regulatory Manager Date: \_\_\_\_\_ Email: rmilne@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**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
404207433	PROPOSED PLUGGING PROCEDURE
404207442	WELLBORE DIAGRAM
404207443	WELLBORE DIAGRAM
404207444	SURFACE OWNER CONSENT
404207453	LOCATION PHOTO

Total Attach: 5 Files

**General Comments**

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

Total: 0 comment(s)