United States Environmental Protection Agency Washington, DC 20460															
Name a	nd Address of Fa	acility	GGING	IG AND ABANDONMENT PLAN Name and Address of Owner/Operator											
Name	IU Autroso or		Name and Addiv												
Locate Well and Outline Unit on Section Plat - 640 Acres					State			Co	County			Permit	Permit Number		
N					Surface Location Description 1/4 of1/4 of1/4 of1/4 of Township Range										
		-	Lo Su Lo	Image: Indext of indext of indext of section forwhiship range Locate well in two directions from nearest lines of quarter section and drilling unit Surface Location ft. frm (N/S) Line of quarter section and ft. from (E/W) Line of quarter section.											
w	w					TYPE OF AUTHORIZATIO				N WELL ACTIVITY					
						Number of Wells				Enhanced Recovery Hydrocarbon Storage CLASS III					
		S			Lease Name				Well Number						
SIZE	CA: WT (LB/FT)			1	LEFT IN WELL (FT) HOLE SIZE				METHOD OF EMPLACEMENT OF CEMENT PLUGS						
SILE	SIZE WT (LB/FT) TO BE PUT IN WELL (FT) TO BE				LEFT IN WELL (FT) HOLE SIZE			ZE	The Balance Method						
									The Two-Plug Method						
CEMENTING TO PLUG AND ABANDON DATA:						PLUG #	1 PLUG	#2	PLUG	#3	PLUG #4	PLUG #5	PLUG #6	PLUG #7	
Size of Hole or Pipe in which Plug Will Be Placed (inche Depth to Bottom of Tubing or Drill Pipe (ft						 								 	
	of Cement To Be											1			
Slurry V	/olume To Be Pu	Imped (cu. ft.)													
	ted Top of Plug		I	 		$ \rightarrow $						1			
	ed Top of Plug (i Wt. (Lb./Gal.)				_							<u> </u>			
	ement or Other N	Aaterial (Class)			<u> </u>									
-	LIS	T ALL OPEN H	IOLE AND/OR	PERFORAT	ED INT	ERVALS A		/ALS	WHERE	CAS	SING WILL B	E VARIED (i	f any)	<u></u>	
From T							From			rom			То		
┣───		I	 												
Estimate	Estimated Cost to Plug Wells														
Certification I certify under the penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibliity of fine and imprisonment. (Ref. 40 CFR 144.32)															
Name and Official Title <i>(Please type or print)</i>						Signature							Date Signed		

Paperwork Reduction Act Notice

The public reporting and record keeping burden for this collection of information is estimated to average 19.5 hours annually for operators of Class I wells, 6 hours annually for operators of Class III wells, and 8 hours annually for operators of Class III wells. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to the collection of information; search data sources; complete and review the collection of information; and, transmit or otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control numbers for EPA's regulations are listed in 40 CFR Part 9 and 48 CFR Chapter 15.

Please send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including the use of automated collection techniques to Director, Office of Environmental Information, Collection Strategies Division, U.S. Environmental Protection Agency (2822), Ariel Rios Building, 1200 Pennsylvania Ave., NW., Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, 725 17th Street, NW., Washington, DC 20503, Attention: Desk Officer for EPA. Please include the EPA ICR number and OMB control number in any correspondence.