

STATE OF COLORADO  
OIL AND GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES  
SUBMIT ORIGINAL AND 1 COPY

N/2 NE/4 SEC 17 T2N R62W  
05-123-18355 Loc # 330074

P.2/4

FOR OFFICE USE			
ET	FE	UC	SE

**SUNDRY NOTICES AND REPORTS ON WELLS**

(Do not use this form for proposals to drill or to deepen of plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT-" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input checked="" type="checkbox"/> OTHER	5. FEDERAL/INDIAN OR STATE LEASE NO.
2. NAME OF OPERATOR <b>H S RESOURCES, INC.</b>	6. PERMIT NO. <b>94-813</b>
3. ADDRESS OF OPERATOR <b>3939 CARSON AVENUE</b>	7. API NO. <b>05 123 18355</b>
CITY <b>EVANS</b> STATE <b>CO</b> ZIP CODE <b>80620</b>	8. WELL NAME <b>HSR-Hobe State</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 14 below.) At surface <b>660' FNL &amp; 2085' FEL</b> At proposed production zone <b>SAME</b>	9. WELL NUMBER <b>2-32</b>
12. COUNTY <b>WELD</b>	10. FIELD OR WILDCAT <b>Lost Creek</b>
	11. QTR. QTR. SEC., T.R. AND MERIDIAN <b>NW NE Sec. 32-T3N-R62W</b> <b>6th P.M.</b>

Check Appropriate Box To Indicate Nature of Notice, Report or Notification

13A. NOTICE OF INTENTION TO: <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> COMMINGLE ZONES <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> OTHER:	13B. SUBSEQUENT REPORT OF: <input type="checkbox"/> FINAL PLUG AND ABANDONMENT SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG) <input type="checkbox"/> ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS) <input type="checkbox"/> REPAIRED WELL <input type="checkbox"/> OTHER: *Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingle Completions and Recompletions	13C. NOTIFICATION OF: <input type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONES DATE: (REQUIRED EVERY 6 MONTHS) <input type="checkbox"/> PRODUCTION RESUMED DATE: <input type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT) <input type="checkbox"/> WELL NAME CHANGE <input checked="" type="checkbox"/> OTHER: <b>Rule 911 WBBDF</b>
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14. DESCRIBE PROPOSED OR COMPLETED OPERATIONS ON THIS FORM (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent)

15. DATE OF WORK

**5,000 barrels from the above well will be hauled to the "Sirios & Parker Farm" Master Land Treatment Site. N/2NE4 of Section 17-T2N-R62W. The bentonitic drilling fluids will be land treated according to Rule 911.**

16. I hereby certify that the foregoing is true and correct

SIGNED Edwin Swan PHONE NO. **330-0614**  
NAME (PRINT) **Edwin Swan** TITLE **Field Superintendent** DATE **06/30/94**

(This space for Federal or State office use)

APPROVED Reviewed by DGB TITLE EPS DATE 8/17/95  
CONDITIONS OF APPROVAL, IF ANY: