

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



05-12-1994
LOG# 336250

FOR OFFICE USE			
ET	FE	UC	SE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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. OIL WELL GAS WELL COALBED METHANE INJECTION WELL OTHER

5. FEDERAL/INDIAN OR STATE LEASE NO.

6. PERMIT NO.
~~91-1068~~ 93-1609

2. NAME OF OPERATOR
SNYDER OIL CORPORATION

7. API NO.
05123153630000 ✓

3. ADDRESS OF OPERATOR
1625 Broadway, Suite 2200

8. WELL NAME
BERRY

CITY STATE ZIP CODE
Denver CO 80202

9. WELL NUMBER
26-11L

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 14 below.)

10. FIELD OR WILDCAT
WATTENBERG CODELL

At surface
1792'FSL & 1895'FWL ✓

12. COUNTY

11. QTR. QTR. SEC., T.R. AND MERIDIAN
6TH PM ✓

At proposed production zone
SAME

WELD

NESW 26 T3N R67W ✓

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

13A. NOTICE OF INTENTION TO:

- PLUG AND ABANDON
- MULTIPLE COMPLETION
- COMMINGLE ZONES
- FRACTURE TREAT
- REPAIR WELL
- OTHER:

13B. SUBSEQUENT REPORT OF:

- FINAL PLUG AND ABANDONMENT
SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG
- ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS)
- REPAIRED WELL
- OTHER:
*Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingle Completions and Recompletions

13C. NOTIFICATION OF:

- SHUT-IN/TEMPORARILY ABANDONED
DATE:
(REQUIRED EVERY 6 MONTHS)
- PRODUCTION RESUMED
DATE:
- LOCATION CHANGE (SUBMIT NEW PLAT)
- WELL NAME CHANGE
- OTHER: WATER BASE BENTONITIC TREATMENT PLAN

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

SEE ATTACHED NOTICE OF LAND TREATMENT OF WATER-BASED BENTONITIC DRILLING FLUIDS.

THIS IS THE FINAL RECLAMATION
NO FURTHER RECLAMATION WILL BE PERFORMED.

RECEIVED
APR 11 1994
STATE OF COLORADO COMMISSION

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

SIGNED Mike Iske SS

PHONE N (303) 330-2200

NAME (PRINT) MIKE ISKE

TITLE ENGR. TECH.

DATE 03/25/94 4/8/94

(This space for Federal or State office use)

APPROVED _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NOTICE
OF
LAND TREATMENT
OF
WATER-BASED BENTONITIC DRILLING FLUIDS

In compliance with Rule 911 of "Rules & Regulations" established by the Colorado Oil & Gas Conservation Commission, notice is hereby provided for the land treatment of water based bentonitic drilling fluids.

1. OPERATOR INFORMATION:

NAME OF OPERATOR: SNYDER OIL CORPORATION

ADDRESS OF OPERATOR: 1625 BROADWAY, SUITE 2200
DENVER, CO 80202

PHONE NUMBER OF OPERATOR: 303-592-8500

2. PRIMARY CONTACT PERSON:

NAME: BOB AMEN POSITION/TITLE: LAND RELATIONS TECH.

ADDRESS: 3939 SOCO PARKWAY
EVANS, COLORADO 80620

PHONE NUMBER: 303-330-2200

3. LAND TREATMENT INFORMATION:

LEGAL DESCRIPTION OF SITE: SEC. 22 T 3 N/S. R 67 #/W 5 1/2 SW 1/4

COUNTY WELD, STATE COLORADO

WELLS AFFECTED: MAYER 22-15L, MAYER 22-10L, BERRY 26-11, BERRY 26-12

NAME OF SURFACE OWNER: WALTER MAYER + DOROTHY MAYER

ADDRESS OF SURFACE OWNER: 9704 St Hwy 66, PLATTEVILLE, CO 80651

SURFACE TENANT RANDY MAYER

PHONE NUMBER/SURFACE OWNER: DAYTIME: _____ EVENING: 785-2371

4. ESTIMATED VOLUME OF DRILLING FLUIDS TO BE LAND TREATED: _____

4000 BBS / well

5. TOTAL ACREAGE OF SITE: 20

6. TOPOGRAPHIC, GEOLOGIC, AND HYDROLOGIC DESCRIPTION OF THE LAND TREATMENT SITE: (USE THE ATTACHED SKETCH SHEET TO SHOW THESE FEATURES, IF APPROPRIATE)

TOPOGRAPHICS: (DESCRIBE OR ATTACH 8-1/2" X 11" COPY OF MAP OF SITE)

SEE ATTACHED MAP.

GEOLOGICS: (DESCRIBE PROMINENT GEOLOGIC FEATURES, IF ANY)

NONE

HYDROLOGICS: (DESCRIBE ANY PONDS, DITCHES, CREEKS, RIVERS, OR OTHER WATERS IN OR NEAR PROXIMITY TO THIS SITE):

Ditch in NW 1/4 OF SECTION.

7. LAND TREATMENT PLAN: (BRIEFLY DESCRIBE THE METHOD BY WHICH THE DRILLING FLUIDS WILL BE INCORPORATED INTO THE SITE SOILS).

FLUIDS WILL BE SPREAD ON LOCATION BY TRUCK. FARMER WILL CULTIVATE INTO SOILS.

8. SURFACE OWNER INFORMATION:

SURFACE OWNER AUTHORIZATION: I WALTER MAYER + DOROTHY MAYER

DO HEREBY DECLARE THAT I AM THE OWNER OF THE ABOVE DESCRIBED LAND AND DO HEREBY AUTHORIZE THE ABOVE NAMED OPERATOR/AGENT TO SPREAD DRILLING FLUIDS ON THE LAND IN ACCORDANCE WITH THE TREATMENT PLAN DESCRIBED ELSEWHERE IN THIS APPLICATION.

Walter Mayer
SIGNATURE OF SURFACE OWNER(S)

4-7-94
DATE

Robert Brown
SIGNATURE OF WITNESS(S)

4-7-94
DATE

SOCIAL SECURITY NUMBER(S)

R67W

30f3

T 3 N

