

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



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LOC # 329595

FOR OFFICE USE			
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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 checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input type="checkbox"/> OTHER			5. FEDERAL/INDIAN OR STATE LEASE NO.
2. NAME OF OPERATOR SNYDER OIL CORPORATION			6. PERMIT NO. 93-1610
3. ADDRESS OF OPERATOR 1625 Broadway, Suite 2200			7. API NO. 05123175760000
CITY Denver	STATE CO	ZIP CODE 80202	8. WELL NAME BERRY
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 14 below.) At surface 1792'FSL & 643'FWL			9. WELL NUMBER 26-12L
At proposed production zone SAME			10. FIELD OR WILDCAT WATTENBERG CODELL
12. COUNTY WELD			11. QTR. QTR. SEC., T.R. AND MERIDIAN 6TH PM NWSW 26 T3N R67W

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

13A. NOTICE OF INTENTION TO:	13B. SUBSEQUENT REPORT OF:	13C. NOTIFICATION OF:
<input type="checkbox"/> PLUG AND ABANDON	<input type="checkbox"/> FINAL PLUG AND ABANDONMENT SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG	<input type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONED DATE: (REQUIRED EVERY 6 MONTHS)
<input type="checkbox"/> MULTIPLE COMPLETION	<input type="checkbox"/> ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS)	<input type="checkbox"/> PRODUCTION RESUMED DATE:
<input type="checkbox"/> COMMINGLE ZONES	<input type="checkbox"/> REPAIRED WELL	<input type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT)
<input type="checkbox"/> FRACTURE TREAT	<input type="checkbox"/> OTHER: *Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingled Completions and Recompletions	<input type="checkbox"/> WELL NAME CHANGE
<input type="checkbox"/> REPAIR WELL		<input checked="" type="checkbox"/> OTHER: WATER BASE BENTONITIC TREATMENT PLAN
<input type="checkbox"/> OTHER:		

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.

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

SIGNED

Mike Iske

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 5/2 SW 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 Owen
SIGNATURE OF WITNESS (S)

4-7-94
DATE

SOCIAL SECURITY NUMBER(S)

