

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



05-123-10338  
LOG # 409062

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 checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input type="checkbox"/> OTHER			6. PERMIT NO. 94-714 ✓		
2. NAME OF OPERATOR SNYDER OIL CORPORATION			7. API NO. 05123183380000 ✓		
3. ADDRESS OF OPERATOR 1625 Broadway, Suite 2200			8. WELL NAME STATE		
CITY Denver	STATE CO	ZIP CODE 80202	9. WELL NUMBER 35-6J2		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 14 below.) At surface 1980'FNL & 1971'FWL ✓ At proposed production zone SAME			10. FIELD OR WILDCAT LOST CREEK J-SAND		
12. COUNTY WELD			11. QTR. QTR. SEC., T.R. AND MERIDIAN 6TH PM SENW 35 T3N R62W		

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 ABANDONED 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: WATER BASE BENTONITIC TREATMENT PLAN-RULE NO.911
---	---	--

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 Summer 1994

SEE ATTACHED NOTICE OF LAND TREATMENT OF WATER-BASED  
BENTONITIC DRILLING FLUIDS, PER RULE NO. 911.

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

RECEIVED  
JUL 18 1994  
COL. OIL & GAS CONS. COMM.

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

SIGNED

Mike Iske (Signature)

PHONE N (303) 592-8500

NAME (PRINT) MIKE ISKE

TITLE ENGR. TECH.

DATE 07/07/94

(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 33 SW T 3 N ~~W~~ R 63 ~~E~~ W

COUNTY WELD, STATE COLORADO

WELLS AFFECTED: \_\_\_\_\_

NAME OF SURFACE OWNER: Art Gutteresen

ADDRESS OF SURFACE OWNER: 17506 Weld County Road 57

Kersey, CO 80644

PHONE NUMBER/SURFACE OWNER: DAYTIME: 303-284-7777 EVENING: same

4. ESTIMATED VOLUME OF DRILLING FLUIDS TO BE LAND TREATED: 4800/bbl

5. TOTAL ACREAGE OF SITE: 4/16/1/2

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:  
None

7. LAND TREATMENT PLAN: (BRIEFLY DESCRIBE THE METHOD BY WHICH THE DRILLING FLUIDS WILL BE INCORPORATED INTO THE SITE SOILS).  
Spread fluids on land and incorporate with site soil to be used as a  
stock watering location.

8. SURFACE OWNER INFORMATION:

SURFACE OWNER AUTHORIZATION: I Art Gutterson

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.

Art Gutterson  
 SIGNATURE OF SURFACE OWNER(S)

6/21/94  
 DATE

Art Moon  
 SIGNATURE OF WITNESS(S)

6/21/94  
 DATE

SOCIAL SECURITY NUMBER(S)

