

CO OGCC FORM 4

PetroForms

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



02469522

05-123-18414 Loc# 330104

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 or 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 HS RESOURCES, INC.		6. PERMIT NO. 94-929
3. ADDRESS OF OPERATOR 3939 CARSON AVENUE		7. API NO. 05 123 18414
CITY EVANS	STATE CO	8. WELL NAME HSR-LDS "A"
ZIP CODE 80620		9. WELL NUMBER 14-8
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 14 below.) At surface 860' FSL & 1815' FWL At proposed production zone		10. FIELD OR WILDCAT Wattenberg
12. COUNTY WELD		11. QTR. QTR. SEC., T.R. AND MERIDIAN SE SW Sec. 8-T3N-R64W 6th P.M.

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 ABANDONES
 DATE:
 (REQUIRED EVERY 6 MONTHS)
☐ PRODUCTION RESUMED
 DATE:
☐ LOCATION CHANGE (SUBMIT NEW PLAT)
☐ WELL NAME CHANGE
☒ OTHER:
Rule 911 WBBDF

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 "LDS Farm" Master Land Treatment Site
 all of section 8-T3N-R64W. The bentonitic drilling
 fluids will be land treated according to Rule 911.**

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

SIGNED

PHONE NO. **330-0614**NAME (PRINT) **Edwin Swan**TITLE **Field Superintendent**DATE **08/08/94**

(This space for Federal or State office use)

APPROVED

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: