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STATE OF COLORADO  
OIL AND GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES  
SUBMIT ORIGINAL AND 1 COPY None

05 100 17006 copy  
Loc # 332578

FOR OFFICE USE			
ET	FE	UC	SE
<input checked="" 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. <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 <b>ELK EXPLORATION, INC.</b>			6. PERMIT NO. <b>932045</b> ✓
3. ADDRESS OF OPERATOR <b>3939 CARSON AVENUE</b>			7. API NO. <b>05 123 17886</b> ✓
CITY <b>EVANS</b>	STATE <b>CO</b>	ZIP CODE <b>80620</b>	8. WELL NAME <b>HSR-Cullen Odenbaugh</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 14 below.) At surface <b>797' FSL FNL &amp; 1847' FWL</b>			9. WELL NUMBER <b>14-12</b>
At proposed production zone <b>SAME</b>			10. FIELD OR WILDCAT <b>WATTENBERG</b>
12. COUNTY <b>WELD</b>			11. QTR. QTR. SEC., T.R. AND MERIDIAN <b>SE SW Sec. 12-T3N- R67W</b> ✓ <b>6th P.M.</b>

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

<p>13A. NOTICE OF INTENTION TO:</p> <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:	<p>13B. SUBSEQUENT REPORT OF:</p> <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	<p>13C. NOTIFICATION OF:</p> <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>Per Rule 911</b> See attached form
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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

**Authorization to spread water based bentonitic drilling fluids on the SE/4 of section 12-T3N-R67W.**

To be done according to Rule 911.  
per telecon w/ Rick Parks 5/2/94 @ ELK

same statement made for  
 HSR Randy 05 123 17809  
 HSR Glen 05 123 17808  
 HSR UE 05 123 17667  
 HSR Stanley 05 123 17880  
 ODENBAUGH 13-12  
 HSR Stanley 05 123 17887  
 ODENBAUGH 12-12

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 **03/02/94**

(This space for Federal or State office use)

APPROVED [Signature] TITLE **ENVIR SPCLIST** DATE **3/2/94**

CONDITIONS OF APPROVAL, IF ANY: