

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

05-123-10056
SW 4 - 2N-67W
Loc # 329918



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. 94194
2. NAME OF OPERATOR SNYDER OIL CORPORATION	7. API NO. 05123180360000 RECEIVED
3. ADDRESS OF OPERATOR 1625 Broadway, Suite 2200	8. WELL NAME UPV MAY 1 9 1994
CITY: Denver STATE: CO ZIP CODE: 80202	9. WELL NUMBER 11-14J7 ULLU. OIL & GAS CONSV. COMMISSION
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 14 below.) At surface: 661'FSL & 1955'FWL At proposed production zone: SAME	10. FIELD OR WILDCAT WATTENBERG CODELL/NIORARA
12. COUNTY WELD	11. QTR. QTR. SEC., T.R. AND MERIDIAN 6TH PM SESW 11 T3N R67W

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
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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 SPRING 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.

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

SIGNED Mike Iske PHONE N (303) 592-8500
NAME (PRINT) MIKE ISKE TITLE ENGR. TECH. DATE 05/13/94

(This space for Federal or State office use)

APPROVED Reviewed by JEB TITLE EPS DATE 8/17/95
CONDITIONS OF APPROVAL, IF ANY: