



02470284

Operator # 53780

OGCC FORM 4
Rev 8/89STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

SUBMIT ORIGINAL AND 1 COPY



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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 type="checkbox"/> OTHER		6. PERMIT NO.
2. NAME OF OPERATOR <u>Markwest Energy Partners, Ltd.</u>		7. API NO.
3. ADDRESS OF OPERATOR <u>561.3 DTC Parkway, Ste. 400</u> CITY STATE ZIP CODE <u>Englewood, Co 80111</u>		8. WELL NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface At proposed prod. zone		9. WELL NUMBER
12. COUNTY <u>La Plata Co</u>		10. FIELD OR WILDCAT <u>IGNACIO-BLANCO</u>
		11. QTR. QTR. SEC., T.R. AND MERIDIAN

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 J - Well Completion or Recompletion Report and Log for subsequent report of Multiple Commingled Completions and Recompletions

13C. NOTIFICATION OF:

- ☐ SHUT-IN TEMPORARILY ABANDONED (DATE _____) (REQUIRED EVERY 6 MONTHS)
☐ PRODUCTION RESUMED (DATE _____)
☐ LOCATION CHANGE (SUBMIT NEW PLAT)
☐ WELL NAME CHANGE
☒ OTHER Compliance

14. DESCRIBE PROPOSED OR COMPLETED OPERATIONS ON THIS FORM (Clearly state all pertinent details, and give pertinent dates, include estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers zones pertinent)

15. DATE OF WORK _____

Markwest has no cathodic protection Holes.

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

SIGNED

Robert F. Gavin

TELEPHONE NO.

303-279-5860

NAME (PRINT)

Robert F. Gavin

TITLE

Exploration Manager

DATE

9/17/95

(This space for Federal or State office use)

APPROVED _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

SUBMIT ORIGINAL AND 1 COPY



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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. FEDERAL, INDIAN OR STATE LEASE NO.

☐ OIL WELL ☐ GAS WELL ☐ COALBED METHANE ☐ INJECTION WELL ☐ OTHER

2. PERMIT NO.

3. NAME OF OPERATOR

MarkWest Energy Partners, Ltd.

7. API NO.

4. ADDRESS OF OPERATOR

5613 DTC Parkway, Ste. 400

8. WELL NAME

CITY STATE ZIP CODE

9. WELL NUMBER

Englewood, CO 80111

10. FIELD OR WILDCAT

5. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)

IGNACIO-BLANCO

At surface

12. COUNTY

11. QTR. QTR. SEC., T.R. AND MERIDIAN

At proposed prod. zone

La Plata CO

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 Commingled Completions and Recompletions

13C. NOTIFICATION OF:

- ☐ SHUT-IN TEMPORARILY ABANDONED (DATE _____) (REQUIRED EVERY 6 MONTHS)
- ☐ PRODUCTION RESUMED (DATE _____)
- ☐ LOCATION CHANGE (SUBMIT NEW PLAT)
- ☐ WELL NAME CHANGE
- ☒ OTHER *Compliance*

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 zones pertinent)

15. DATE OF WORK _____

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SIGNED *Robert F. Gavin*

TELEPHONE NO. *303-279-5860*

NAME (PRINT) *Robert F. Gavin* TITLE *Exploration Manager* DATE *9/17/95*

(This space for Federal or State office use)

APPROVED _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: