

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

SUBMIT ORIGINAL AND 1 COPY

AUG 15 1996

FOR OFFICE USE ONLY			
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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 checked="" type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input type="checkbox"/> OTHER		6. PERMIT NO. <b>PIT FAC ID#</b> <b>94-1619 113407</b>
2. NAME OF OPERATOR <b>Evergreen Operating Corporation</b>		7. API NO. <b>05-071-6213</b>
3. ADDRESS OF OPERATOR <b>1512 Larimer St., Suite 1000</b> CITY STATE ZIP CODE <b>Denver CO 80202</b>		8. WELL NAME <b>Jan H. State</b>
4. LOCATION OF WELL: (Report location clearly and in accordance with any State requirements See also space 17 below) At surface <b>954' FWL &amp; 1075' FSL</b> At proposed prod zone <b>Same</b>		9. WELL NO. <b>14-16</b>
12. COUNTY <b>Las Animas</b>		10. FIELD AND POOL OR WILDCAT <b>W Spanish Peak</b>
		11. QTR, QTR SEC, T.R. AND MERIDIAN <b>SW/SW Sec. 16 T33S-R65W 6 PM</b>

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 Backfill Evaporative Pit  
 \* Use Form 5 - Well Completion or Recompletion Report and  
Log for subsequent report of Multiple Commingled  
Completions and Recompletions

## 13D. NOTIFICATION OF:

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

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 7/25/96

**The evaporative pit as permitted by the Colorado Oil & Gas Conservation Commission has been backfilled and contoured as closely as possible to the original contours. Reseeding will take place within 60 days. Seed mixtures used will be in accordance with the local soil conservation board recommendations and landowner requests.**

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

SIGNED

Stephanie BaseyTELEPHONE NO. (303) 534-0400NAME (PRINT) STEPHANIE BASEYTITLE FIELD PRODUCTION SUPERVISOR DATE 8/6/96

(This space for Federal or State office use)

APPROVED  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_ DATE \_\_\_\_\_