

OGCC FORM 4
Rev. 8/89

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

SUBMIT ORIGINAL AND 1 COPY

AUG 15 1996

FOR OFFICE USE ONLY			
ET	FE	UC	SE

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. PIT FAC ID # 94-766 112916
2. NAME OF OPERATOR Evergreen Operating Corporation		7. API NO. 05-071-6194
3. ADDRESS OF OPERATOR 1512 Larimer St., Suite 1000		8. WELL NAME Taylor
CITY STATE ZIP CODE Denver CO 80202		9. WELL NO. 12-8
4. LOCATION OF WELL: (Report location clearly and in accordance with any State requirements See also space 17 below) At surface 2464' FNL & 1250' FWL		10. FIELD AND POOL OR WILDCAT W Spanish Peak
At proposed prod zone Same		11. QTR, QTR SEC, T.R. AND MERIDIAN SW/NW Sec. 8 T33S-R65W 6 PM
12. COUNTY Las Animas		

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 checked="" type="checkbox"/> OTHER Backfill Evaporative Pit <small>* Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple Commingled Completions and Recompletions</small>	13D. 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 type="checkbox"/> 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 July 12, 1996

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. Reseed 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 Basey TELEPHONE NO. (303) 534-0400

NAME (PRINT) STEPHANIE BASEY TITLE FIELD PRODUCTION SUPERVISOR DATE 8/6/96

(This space for Federal or State office use)
APPROVED _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY