

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

SUBMIT ORIGINAL AND 1 COPY

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 type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input type="checkbox"/> OTHER		5. FEDERAL/INDIAN OR STATE LEASE NO. N/A
2. NAME OF OPERATOR CITY AND COUNTY OF DENVER		6. PERMIT NO. 74-586
3. ADDRESS OF OPERATOR DIA AOB ROOM 9860 8500 PENA BLVD		7. API NO. 05-001-06884
CITY STATE ZIP CODE DENVER CO 80249		8. WELL NAME BOX ELDER FARMS
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 SW/4NE/4 Section 1 T2S R66W		9. WELL NUMBER 32-1 #2
12. COUNTY DENVER		10. FIELD OR WILDCAT THIRD CREEK
		11. QTR. QTR. SEC., T.R. AND MERIDIAN SW/4NE/4 Sec 1 T2S R66W

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 checked="" 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 _____ <small>*Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingled Completions and Recompletions</small>	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 type="checkbox"/> OTHER _____
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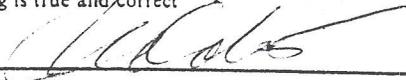
14. DESCRIBE PROPOSED OR COMPLETED OPERATIONS ON THIS FORM (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent)

15. DATE OF WORK SEPTEMBER 13-16, 1994

- 9-13-94 Dug out, opened 8 5/8" casing valve. Found no pressure, visible cement inside. Ran CIBP and set at 7980' above J sand perms 8227-50', Ran dump bailer and placed 2 sacks cement on top of CIBP.
- 9-14-94 Load hole. GIH with tubing to 1654'. Spot 20 sack cement plug 1474 - 1654' across DV tool at 1554'. Pull up to 93'. Mix 10 sacks cement and spotted in top of 5 1/2" casing.
- 9-16-94 Dug out, cut off 8 5/8" and 5 1/2" casing 5' below ground level. Welded plate on top. Backfilled and levelled location.

SEE ATTACHED HALLIBURTON JOB LOG.

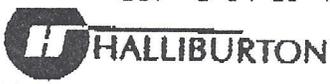
16. I hereby certify that the foregoing is true and correct

SIGNED  TELEPHONE NO. (303) 592-5324

NAME (PRINT) J. L. OAKS TITLE AGENT DATE 11-9-94

(This space for Federal or State office use)

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



JOB SUMMARY

HALLIBURTON DIVISION
HALLIBURTON LOCATION

WESTERN
BRIGHTON CO

BILLED ON TICKET NO. 590717

WELL DATA

FIELD THIRD CREEK SEC. 1 TWP. 29 RNG. 66W COUNTY ADAMS STATE CO

FORMATION NAME FOX HILLS TYPE SAND

FORMATION THICKNESS FROM _____ TO _____

INITIAL PROD. OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD

PRESENT PROD. OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD

COMPLETION DATE _____ MUD TYPE _____ MUD WT. _____

PACKER TYPE _____ SET AT _____

BOTTOM HOLE TEMP. _____ PRESSURE _____

MISC. DATA _____ TOTAL DEPTH _____

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING	W	15.5	5 1/2	0	8100	—
LINER						
TUBING	W	6.5	2 3/8	0	1654	500'
OPEN HOLE						SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE		
CENTRALIZERS		
BOTTOM PLUG		
TOP PLUG		
HEAD <u>2 3/8 SWAGE</u>	<u>1</u>	<u>Hawco</u>
PACKER		
OTHER		

MATERIALS

TREAT. FLUID _____ DENSITY _____ LB./GAL. API

DISPL. FLUID _____ DENSITY _____ LB./GAL. API

PROP. TYPE _____ SIZE _____ LB.

PROP. TYPE _____ SIZE _____ LB.

ACID TYPE _____ GAL. _____ %

ACID TYPE _____ GAL. _____ %

ACID TYPE _____ GAL. _____ %

SURFACTANT TYPE _____ GAL. _____ IN

ME AGENT TYPE _____ GAL. _____ IN

FLUID LOSS ADD. TYPE _____ GAL.-LB. _____ IN

GELLING AGENT TYPE _____ GAL.-LB. _____ IN

FRIC. RED. AGENT TYPE _____ GAL.-LB. _____ IN

BREAKER TYPE _____ GAL.-LB. _____ IN

BLOCKING AGENT TYPE _____ GAL.-LB. _____

PERFPAC BALLS TYPE _____ QTY. _____

OTHER _____

OTHER _____

JOB DATA

CALLLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>9/14</u>	DATE <u>9/14</u>	DATE <u>9/14</u>	DATE <u>9/14</u>
TIME <u>06:00</u>	TIME _____	TIME <u>10:00</u>	TIME <u>1:00</u>

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>B. BENJAMIN</u>	<u>94021 PLUP</u>	<u>55410</u>
<u>W. GOSS</u>	<u>8944</u>	<u>55410</u>
<u>D. MAGEUDER</u>	<u>58474A 7524</u>	<u>55410</u>
<u>G. INFANTE</u>	<u>58429 BULKER</u>	<u>55410</u>

DEPARTMENT cmf

DESCRIPTION OF JOB Plug to Abandon

JOB DONE THRU: TUBING CASING ANNULUS TBG/ANN.

CUSTOMER REPRESENTATIVE [Signature]

HALLIBURTON OPERATOR B. BENJAMIN COPIES REQUESTED 1

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDTIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
<u>1</u>	<u>30</u>	<u>STD</u>		<u>B</u>	<u>NEAT</u>	<u>1.15</u>	<u>15.8</u>
<u>1</u>	<u>10</u>	<u>STD</u>		<u>B</u>	<u>NEAT</u>	<u>1.15</u>	<u>15.8</u>

PRESSURES IN PSI

CIRCULATING 100/50 DISPLACEMENT 100/50 PRESURUSH 0 GAL. 2/2 VOLUMES TYPE H₂O

BREAKDOWN _____ MAXIMUM 500 LOAD & BKDN: BBL.-GAL. _____ PAD: BBL.-GAL. _____

AVERAGE _____ FRACTURE GRADIENT _____ TREATMENT: BBL.-GAL. _____ DISPL. BBL.-GAL. 8 1/2

SHUT-IN: INSTANT _____ 5-MIN _____ 15-MIN _____ CEMENT SLURRY BBL.-GAL. 4 1/2

HYDRAULIC HORSEPOWER _____ TOTAL VOLUME BBL.-GAL. 18 1/2

ORDERED _____ AVAILABLE _____ USED _____

AVERAGE RATES IN BPM _____

TREATING 2 1/2 DISPL. 2 1/2 OVERALL 2 1/2

CEMENT LEFT IN PIPE _____

FEET _____ REASON _____

REMARKS _____

CUSTOMER: STACY MOUNTAIN OF JEWEL
LEASED: DOX EIDER FARMS 32-1
WELL NO: #2
JOB TYPE: 115
DATE: 9/14/94

COPIES
 White Denver
 Pink Denver
 Gold Denver
 Green Customer
 Canary Station



INVOICE NO. C- 10316

REMIT: P.O. BOX 4144
 ENGLEWOOD, CO
 80155-4144
 TERMS: Net 30 Days

CHARGE TO OAKS RESOURCES MANAGEMENT TRUCK NO. 545

ADDRESS 1675 Broadway, Suite 3430, Denver, CO 80202

FIELD AIRPORT WELL BOX ELDER FARMS 32-1 #2

COUNTY ADAMS STATE COLORADO CUST. NO. _____

TO OIL WELL PERFORATORS, INC.: CONDITIONS OF THIS CONTRACT
 You are hereby requested to furnish the service and materials and equipment herein set forth upon the back side of this service ticket and invoice as well as general terms and conditions outlined in your current published price manual.
 Received the below services according to the terms and conditions as shown above, which we have read and which we hereby agree.

CUSTOMER CITY AND COUNTY OF DENVER AGENT [Signature] DATE 9-13-94

OPERATOR:	PERFORATING INTERVALS
CREW: <u>WALSH</u> <u>FRY</u>	SHOTS FROM TO
CSG <u>5 1/2"</u> ZERO <u>G.L.</u>	
FLUID <u>WATER</u> LEVEL <u>2,000'</u>	
CO. TD <u>8350'</u> OWPTD <u>NOT CHECKED</u>	
DEPTHS REFER TO: <u>G.L.</u>	

JOB DATA				SERVICES	FROM	TO	TOTAL	AMOUNT	PRICE PAGE
REPORT	DATE	TIME	HRS.	SERVICE CHG.					
ARRIVE LOC.	9-13-94	6:30 ^A		PERF. TYPE					3-1A
RIG UP		12:30 ^P	6	DEPTH CHARGE	BRIDGE PLUG (HALIBURTON)	SURF.	8200	8200	17-13
START WAIT		0.A.			DUMP BAILER	SURF.	8200	7980	18-13
END WAIT				OPERATION CHARGE	DUMP BAILER		7980	7980	
END JOB	9-13-94	5:00 ^P	4 1/2					4.58L	18-4
UNLOAD		6:00 ^P	1						
REMARKS:	<u>2/20/94</u> <u>Set CIBP</u> <u>1595</u> <u>4-4 VIT</u> <u>100 10/22</u>								
				OTHER	HOIST TRK MILES = 1 FROM PREV. LOC.				3-2A
					SETTING TOOL RENTAL				17-C
					50' DERRICK TRK.				3-9
					R.S. TYPE PRESSURE CONTROL (0 PSI)				4-10

UNITS: <u>701-545</u>	SUB TOTAL	1650	-	As per quote
	STATE <u>COLORADO</u> TAX %			
	TOTAL	1650	-	