

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



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FOR OFFICE USE			
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**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			5. FEDERAL/INDIAN OR STATE LEASE NO.
2. NAME OF OPERATOR <b>SNYDER OIL CORPORATION</b>			6. PERMIT NO. <b>93-533</b>
3. ADDRESS OF OPERATOR <b>1625 Broadway, Suite 2200</b>			7. API NO. <b>05123169880000</b>
CITY <b>Denver</b>	STATE <b>CO</b>	ZIP CODE <b>80202</b>	8. WELL NAME <b>BRUZEWSKI</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 14 below.) At surface <b>845' FSL &amp; 1984' FEL</b> At proposed production zone <b>SAME</b>			9. WELL NUMBER <b>33-15F(2)</b>
12. COUNTY <b>WELD</b>			10. FIELD OR WILDCAT <b>WATTENBERG CODELL/NIOBRARA</b>
11. QTR. QTR. SEC., T.R. AND MERIDIAN <b>6TH PM SWSE 33 T4N R66W</b>			

Check Appropriate Box To Indicate Nature of Notice, Report or Notification

13A. NOTICE OF INTENTION TO:	13B. SUBSEQUENT REPORT OF:	13C. NOTIFICATION OF:
<input type="checkbox"/> PLUG AND ABANDON	<input type="checkbox"/> FINAL PLUG AND ABANDONMENT SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG)	<input type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONED DATE: (REQUIRED EVERY 6 MONTHS)
<input type="checkbox"/> MULTIPLE COMPLETION	<input type="checkbox"/> ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS)	<input type="checkbox"/> PRODUCTION RESUMED DATE:
<input type="checkbox"/> COMMINGLE ZONES	<input type="checkbox"/> REPAIRED WELL	<input type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT)
<input type="checkbox"/> FRACTURE TREAT	<input type="checkbox"/> OTHER:	<input type="checkbox"/> WELL NAME CHANGE
<input type="checkbox"/> REPAIR WELL	*Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingle Completions and Recompletions	<input checked="" type="checkbox"/> OTHER: WATER BASE BENTONITIC TREATMENT PLAN - <b>RULE NO. 911</b>
<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 **SUMMER 1993**

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

PHONE N **(303) 330-2200**NAME (PRINT) **MIKE ISKE**TITLE **ENGR. TECH.**DATE **03/25/94 06/10/94**

(This space for Federal or State office use)

APPROVED

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NOTICE  
OF  
LAND TREATMENT  
OF  
WATER-BASED BENTONITIC DRILLING FLUIDS

In compliance with Rule 911 of "Rules & Regulations" established by the Colorado Oil & Gas Conservation Commission, notice is hereby provided for the land treatment of water based bentonitic drilling fluids.

1. OPERATOR INFORMATION:

NAME OF OPERATOR: SNYDER OIL CORPORATION

ADDRESS OF OPERATOR: 1625 BROADWAY, SUITE 2200  
DENVER, CO 80202

PHONE NUMBER OF OPERATOR: 303-592-8500

2. PRIMARY CONTACT PERSON:

NAME: BOB AMEN POSITION/TITLE: LAND RELATIONS TECH.

ADDRESS: 3939 SOCO PARKWAY  
EVANS, COLORADO 80620

PHONE NUMBER: 303-330-2200

3. LAND TREATMENT INFORMATION:

LEGAL DESCRIPTION OF SITE: SEC. 11 T 3 N/S. R 66 E W W<sup>1</sup>/<sub>2</sub> SW<sup>1</sup>/<sub>4</sub>  
COUNTY WELD, STATE COLORADO

WELLS AFFECTED: Bruzewski 33-15F2

NAME OF SURFACE OWNER: CHARLES GRAZNAK

ADDRESS OF SURFACE OWNER: 205 Olive Lane  
Platteville CO 80651

PHONE NUMBER/SURFACE OWNER: DAYTIME: \_\_\_\_\_ EVENING: 785-6388

4. ESTIMATED VOLUME OF DRILLING FLUIDS TO BE LAND TREATED: \_\_\_\_\_  
4000 BBLs PER WELL

5. TOTAL ACREAGE OF SITE: 20

6. TOPOGRAPHIC, GEOLOGIC, AND HYDROLOGIC DESCRIPTION OF THE LAND TREATMENT SITE: (USE THE ATTACHED SKETCH SHEET TO SHOW THESE FEATURES, IF APPROPRIATE)

TOPOGRAPHICS: (DESCRIBE OR ATTACH 8-1/2" X 11" COPY OF MAP OF SITE)  
SEE ATTACHED MAP

GEOLOGICS: (DESCRIBE PROMINENT GEOLOGIC FEATURES, IF ANY)  
None

HYDROLOGICS: (DESCRIBE ANY PONDS, DITCHES, CREEKS, RIVERS, OR OTHER WATERS IN OR NEAR PROXIMITY TO THIS SITE:  
None

7. LAND TREATMENT PLAN: (BRIEFLY DESCRIBE THE METHOD BY WHICH THE DRILLING FLUIDS WILL BE INCORPORATED INTO THE SITE SOILS).  
FLUIDS WERE SPREAD ON LAND BY TRUCK. FARMER WILL CULTIVATE INTO SOILS

8. SURFACE OWNER INFORMATION:

SURFACE OWNER AUTHORIZATION: I CHARLES GRAZNAK

DO HEREBY DECLARE THAT I AM THE OWNER OF THE ABOVE DESCRIBED LAND AND DO HEREBY AUTHORIZE THE ABOVE NAMED OPERATOR/AGENT TO SPREAD DRILLING FLUIDS ON THE LAND IN ACCORDANCE WITH THE TREATMENT PLAN DESCRIBED ELSEWHERE IN THIS APPLICATION.

Charles Graznak  
 SIGNATURE OF SURFACE OWNER(S)

6-8-94

DATE

Mac Seaman  
 SIGNATURE OF WITNESS(S)

6-8-94

DATE

193-22-4275  
 SOCIAL SECURITY NUMBER(S)

R66W

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