



00242091



OGCC FORM 4
Rev. 8/89

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

SUBMIT ORIGINAL AND 1 COPY

| FOR OFFICE USE ONLY | | | |
|---------------------|----|----|----|
| ET | FE | UC | SC |

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.)

3 FEDERAL INDIAN OR STATE LEASE NO

OIL WELL GAS WELL COALBED METHANE INJECTION WELL OTHER

6 PERMIT NO

7 NAME OF OPERATOR

Noffsinger Mfg, Co. Inc.

7 API NO

05-057-0620400

8 ADDRESS OF OPERATOR

P.O.Box 488, 500 6th Ave.

8 WELL NAME

Blevins A Streit Ranch

CITY STATE ZIP CODE
Greeley CO 80631

9 WELL NUMBER

11

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

At surface
NWNESE Sec3, T9N, R78W



10 FIELD OR WILDCAT

Canadian River

At proposed prod zone

12 COUNTY

Jackson

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

NWNESE Sec3, T9N, R78W

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 _____

VP

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 3 - Well Completion or Recompletion Report and Log for subsequent reports of Multiple/Commungled 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 _____

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 Sept 96 Will notify COGCC 48hrs prior to work.

1. Fill hole with water. If hole will not stand full, fill bottom with sand till fluid stands in hole.
2. Perf 4 1/2" casing at 134'. Circulate cement in and out to surface.
3. Cut off well head 4' below GL and weld plate on with well info.
4. Rehab location. \rightarrow 150'

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

SIGNED William J. Rippy Jr

TELEPHONE NO. 970-858-3736

NAME (PRINT) BILL RIPPY

TITLE CONTRACTOR

DATE 9/1/96

(This space for Federal or State office use)

APPROVED

TITLE

DATE

9/10/96

CONDITIONS OF APPROVAL, IF ANY: