



00242091

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

SUBMIT ORIGINAL AND 1 COPY

OIL & GAS CON. COMM.

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.)

<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			3 FEDERAL INDIAN OR STATE LEASE NO.	
7 NAME OF OPERATOR Noffsinger Mfg, Co. Inc.			6 PERMIT NO.	
8 ADDRESS OF OPERATOR P.O.Box 488, 500 6th Ave.			7 API NO 05-057-0620400	
CITY STATE ZIP CODE Greeley CO 80631			8 WELL NAME Blevins A Streit Ranch	
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			9 WELL NUMBER 11	
At proposed prod zone			10 FIELD OR WILDCAT Canadian River	
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

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 pertinent15. 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.

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

SIGNED William J. Rippy JrTELEPHONE NO. 970-858-3736NAME (PRINT) BILL RIPPYTITLE CONTRACTORDATE 9/1/96

(This space for Federal or State office use)

APPROVED

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

9/10/96