



00242075

OGCC FORM 4
Rev. 8/89

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

SEP 9 1996

SUBMIT ORIGINAL AND 1 COPY

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.)		5 FEDERAL INDIAN OR STATE LEASE NO.
<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		6 PERMIT NO.
7 NAME OF OPERATOR NOFFSINGER MFG, CO, INC.		7 API NO. 05-057-0618500
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 10
4 LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface: NESE Sec3, T9N, R78W At proposed prod. zone:		10 FIELD OR WILDCAT Canadian River
11 COUNTY Jackson		11 QTR. QTR. SEC. T.R. AND MERIDIAN NESE Sec3, T9N, R78W



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

11A. NOTICE OF INTENTION TO: <input checked="" 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 _____	11B. 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 type="checkbox"/> OTHER _____ <small>*Use Form J - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commungled Completions and Recompletions</small>	11C. 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 Sept 96 Will notify COGCC 48hrs prior to work.

1. Pull 4 1/2" casing. (Not cemented?)
2. Fill hole with water. If hole will not stand full, fill bottom with sand till fluid stands in hole.
3. Place cement from ^{150'}128' to surface. 7" surface at 78'.
4. Cut off head ^{5'} below GL and weld plate on with well info.
5. Rehab location.

Note- If 4 1/2" cannot be pulled. Will perf at ^{150'}128' and place cement as above.

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 [Signature] TITLE _____ DATE 9/10/96

CONDITIONS OF APPROVAL, IF ANY: