

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 SNYDER OIL CORPORATION		6. PERMIT NO. 94-1665
3. ADDRESS OF OPERATOR 1625 Broadway, Suite 2200		7. API NO. 0512318719
CITY Denver STATE CO ZIP CODE 80202		8. WELL NAME PEREZ
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 14 below.) At surface 2152'FNL & 1254'FWL At proposed production zone 1982'FNL & 671'FWL		9. WELL NUMBER 9-5H6
12. COUNTY WELD		10. FIELD OR WILDCAT WATTENBERG CODELL/NIOBRARA
		11. QTR. QTR. SEC., T.R. AND MERIDIAN 6TH PM SWNW 9 T5N 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 type="checkbox"/> FINAL PLUG AND ABANDONMENT SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG) <input checked="" type="checkbox"/> ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS) <input type="checkbox"/> REPAIRED WELL <input type="checkbox"/> OTHER: *Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingle Completions and Recompletions	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

**ABANDON LOCATION - WELL NEVER DRILLED.
SURFACE LOCATION WAS NEVER DISTURBED.**

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

SIGNED

Anne G. Kremer

PHONE N **(303) 592-8500**

NAME (PRINT) **Anne G. Kremer**

TITLE **Geologist**

DATE **10/05/95**

(This space for Federal or State office use)

APPROVED

MPB

TITLE

RCP 7

DATE

10-30-95

CONDITIONS OF APPROVAL, IF ANY: