

OIL AND GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES

File in duplicate for Patented and Federal lands.  
File in triplicate for State lands.

**RECEIVED**  
APR 9 1987

D. LEASE IDENTIFICATION & SERIAL NO.

E. IF INDIAN, ABBREVIATED OR TRIBE NAME

**SUNDRY NOTICES AND REPORTS ON WELLS**

(Do not use this form for proposals to drill or to deepen or plug back to a different zone.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

COLO. OIL & GAS CONS. COMM.

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> Temporarily Abandoned		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Okmar Oil Company		8. FARM OR LEASE NAME Dollerschell.	
3. ADDRESS OF OPERATOR P. O. Box 5850, Denver, Colorado 80217		9. WELL NO. 2	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330'FSL & 330'FEL (NW/4) Section 28, T8N, R53W At proposed prod. zone same		10. FIELD AND POOL, OR WILDCAT S. Springdale	
14. PERMIT NO. Unknown		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4139'DF	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28-8N-53W
		12. COUNTY Logan	13. STATE Colorado

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS: <input type="checkbox"/>	(Other) <u>Status Update</u> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (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 zone pertinent to this work.)			
18. Date of work _____ * Must be accompanied by a cement verification report			

As per our Sundry Notice dated October 16, 1986, the subject well is temporarily abandoned. The well remains in a temporarily abandoned status at this time.



FOR OFFICE USE ONLY

FILE

UC

SE

1987

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

SIGNED John A. D'Hoese

TITLE Division Engineer

DATE APR 8 1987

(This space for Federal or State office use)

APPROVED BY [Signature]  
CONDITIONS OF APPROVAL, IF ANY:

TITLE SUPR. PETROLEUM ENGINEER  
Oil & Gas Cons. Comm.

DATE APR 10 1987

**STATUS REPORT REQUIRED EVERY 6 MONTHS ON SHUT-IN & TEMPORARILY ABANDONED WELLS**