

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



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

5. LEASE DESIGNATION & SERIAL NO.

Fee COLO. OIL & GAS CONSERVATION COMMISSION

6. IF INDIAN, ALLOTTEE 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 reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> PLUG & ABANDON		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Hershey Oil Corporation		8. FARM OR LEASE NAME Moreng	
3. ADDRESS OF OPERATOR 999 18th St., #1025, Denver, Colorado 80202		9. WELL NO. #1-32	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1300' FSL, 1100' FWL (SW¹/₄SW¹/₄) At proposed prod. zone same		10. FIELD AND POOL, OR WILDCAT Wildcat	
14. PERMIT NO. 05 069 6266		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5734' GR	
		12. COUNTY Larimer	13. STATE CO

10. FIELD AND POOL, OR WILDCAT

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
32-T11N-R68W

16. 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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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 zones pertinent to this work.)

18. Date of work 9/22/85

* Must be accompanied by a cement verification report.

The above well was plugged as follows:

35 sx of cement 520' - 410'
15 sx of cement 330' - surface

Rig released at 10:30 p.m. on 9/22/85.

Handwritten initials: D, B, Rcc

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

SIGNED *Marilyn T. Davies* TITLE Office Manager DATE 10/4/85

(This space for Federal or State office use)

APPROVED BY *William Smith* TITLE DIRECTOR DATE OCT 18 1985

CONDITIONS OF APPROVAL, IF ANY: Oil & Gas Conservation Commission

Handwritten mark