

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



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

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		5. LEASE DESIGNATION & SERIAL NO. Fee	
2. NAME OF OPERATOR Hershey Oil Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 999 18th St., #1025, Denver, Colorado 80202		7. UNIT AGREEMENT NAME	
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 (SW $\frac{1}{4}$ SW $\frac{1}{4}$) At proposed prod. zone same		8. FARM OR LEASE NAME Moreng	
14. PERMIT NO. 05 069 6266		9. WELL NO. #1-32	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5734' GR		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 32-T11N-R68W	
		12. COUNTY Larimer	13. STATE CO

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"/>	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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input 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.

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

SIGNED Harold F. 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:

Handwritten initials and signature

Handwritten mark