

STATE OF COLORADO  
GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES

SUBMIT ORIGINAL AND 1 COPY



FOR OFFICE USE ONLY			
EL	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.)

<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
1 NAME OF OPERATOR Tom Brown Inc.			6 PERMIT NO
2 ADDRESS OF OPERATOR 141 Union Blvd. Suite 400			7 API NO 05-057-5011
CITY Lakewood	STATE CO	ZIP CODE 80228	8 WELL NAME Blevins
4 LOCATION OF WELL (Report location clearly and in accordance with any State requirements See also space 17 below ) At surface 2200' FNL, 2610' FWL At proposed prod. zone Sec3, T9N, R78W			9 WELL NUMBER B-2
12 COUNTY Jackson			10 FIELD OR WILDCAT Canadian River
			11 QTR. QTR. SEC. T.R. AND MERIDIAN NW Sec3, T9N, R78W

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

## 13A. NOTICE OF INTENTION TO:

- ☐ PLUG AND ABANDON
- ☐ MULTIPLE COMPLETION
- ☐ COMMINGLE ZONES
- ☐ FRACTURE TREAT
- ☐ REPAIR WELL
- ☐ OTHER

## 13B. SUBSEQUENT REPORT OF:

- ☒ FINAL PLUG AND ABANDONMENT  
(SUBMIT 3RD PARTY CEMENT VERIFICATION  
AND JOB LOG)
- ☐ ABANDONED LOCATION (WELL NEVER DRILLED -  
SITE MUST BE RESTORED WITHIN 6 MONTHS)
- ☐ REPAIRED WELL
- ☐ OTHER

\*Use Form 5 - Well Completion or Recompletion Report and Log  
for subsequent report of Multiple/Commingle Completions  
and Recompletions

## 13C. NOTIFICATION OF:

- ☐ SHUT-IN, TEMPORARILY ABANDONED  
(DATE \_\_\_\_\_)  
(REQUIRED EVERY 6 MONTHS)
- ☐ PRODUCTION RESUMED  
(DATE \_\_\_\_\_)
- ☐ LOCATION CHANGE (SUBMIT NEW PLAT)
- ☐ WELL NAME CHANGE
- ☐ 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 Jan 97

1. Spot 17 sks cement from 1988' to 1830'. Tag cement there.
2. Perf 5 1/2" casing at 368'.
3. Place 40 sks cement at 368' in and out of 5 1/2" casing
4. Set 50' of cement in and out at surface. 8 5/8" and 5 1/2" casings.
5. Cut off head 4' below GL and weld on plate with well info.

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

SIGNED William J. Rippey Jr.TELEPHONE NO. 970-858-3736NAME (PRINT) BILL RIPPYTITLE CONTRACTORDATE 1/25/97

(This space for Federal or State office use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

2/13/97