



STATE OF COLORADO  
GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES

SUBMIT ORIGINAL AND 1 COPY



FOR OFFICE USE ONLY			
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<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)			5 FEDERAL INDIAN OR STATE LEASE NO
<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			6 PERMIT NO
7 NAME OF OPERATOR Tom Brown Inc.		7 API NO 05-057-5011	
8 ADDRESS OF OPERATOR 141 Union Blvd. Suite 400		8 WELL NAME Blevins	
CITY Lakewood	STATE CO	ZIP CODE 80228	9 WELL NUMBER B-2
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			10 FIELD OR WILDCAT Canadian River
12 COUNTY Jackson			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: <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 checked="" type="checkbox"/> FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG) <input type="checkbox"/> ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS) <input type="checkbox"/> REPAIRED WELL <input type="checkbox"/> OTHER <small>*Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingle Completions and Recompletions</small>	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 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. Rippy Jr. TELEPHONE NO. 970-858-3736

NAME (PRINT) BILL RIPPY TITLE CONTRACTOR DATE 1/25/97

(This space for Federal or State office use)

APPROVED [Signature] TITLE \_\_\_\_\_ DATE 2/13/97

CONDITIONS OF APPROVAL, IF ANY:

EXHAUSTED OIL WELL