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057-05099

OGCC FORM 4  
Rev. 8/89STATE OF COLORADO  
OIL AND GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES

SUBMIT ORIGINAL AND 1 COPY

SEP 9 1996

FOR OFFICE USE ONLY			
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## 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 type="checkbox"/> OIL WELL <input checked="" 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.			7 API NO 05-057-? 5099	
3 ADDRESS OF OPERATOR 141 Union Blvd. Suite 400			8 WELL NAME Blevins	
CITY STATE ZIP CODE Lakewood CO 80228			9 WELL NUMBER B-5	
4 LOCATION OF WELL (Report location clearly and in accordance with any State requirements See also space 17 below.) At surface 830' FSL, 1862FEL At proposed prod zone Sec3, T9N, R78W			10 FIELD OR WILDCAT Canadian River	
12 COUNTY Jackson			11 QTR. QTR. SEC. T.R. AND MERIDIAN SE 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 Sept 96 Will notify COGCC 48hrs prior to work.

1. Set CIBP 50' above top perf with 2 sks cement on top.  
Perfs 1940-46' PBTD 1966'

1. Option- Spot cement from 1966' to 50' above top perf.

2. Perf 5 1/2" at 375' and place 100' cement in and out of casing.  
8 5/8" surface at 325'. SET 50' CEMENT IN & OUT AT SURFACE.

3. Cut head off 4' below GL and weld plate on with well info.

4. REHAB LOCATION.



00260229

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 9/11/96

(This space for Federal or State office use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 9/10/96