



057-05099

OGCC FORM 4  
Rev. 8/89

STATE 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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<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 type="checkbox"/> OIL WELL <input checked="" 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-? 5099
8 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: <input checked="" 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 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 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 <sup>100'</sup> 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 irfc.

4. REHAB LOCATION.

40 SK CM MINIMUM



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 9/1/96

(This space for Federal or State office use)

APPROVED \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

DATE 9/10/96