



STATE OF COLORADO
CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES



SUBMIT ORIGINAL AND 1 COPY

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 type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input checked="" type="checkbox"/> OTHER P & A			5 FEDERAL INDIAN OR STATE LEASE NO.
2 NAME OF OPERATOR Berry Energy, Inc.			6 PERMIT NO. 831701
3 ADDRESS OF OPERATOR 1019 8th Street, Suite 301			7 API NO. 05-099-6235
CITY Golden,	STATE CO	ZIP CODE 80401	8 WELL NAME Hoffman
4 LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990' FSL & 1320' FEL			9 WELL NUMBER #1-31
At proposed prod. zone			10 FIELD OR WILDCAT Barrel Springs North
12 COUNTY Prowers			11 QTR. QTR. SEC. T.R. AND MERIDIAN SESE-Sec. 31-T24S-R45W

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 reports of Multiple/Commingled 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 September 11, 1996 *lease 44295*

Could not run CIBP to 4916' as planned. Contacted Bob Van Sickle with COGCC in Lamar. Set CIBP @ 4424'. Dump 2 sx cmt. on top. Top of cement outside 4 1/2" csg. @ 4296'. Perf 4 1/2" csg. @ 1100' w/4 shots. Cement down 4 1/2" casing w/220 sx common cement. Displace w/8 bbls. water. Spot 10 sx cement at top of csg. SI csg. Will cut off 8 5/8" and 4 1/2" casing 3' below ground prior to location clean up.

EXHAUSTED GAS WELL

BEST IMAGE AVAILABLE

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

SIGNED Joseph D. Stewart TELEPHONE NO. 303-271-9663
 NAME (PRINT) Joseph D. Stewart TITLE Consultant DATE 10/2/96

(This space for Federal or State office use)

APPROVED [Signature] TITLE _____ DATE 10/23/96
 CONDITIONS OF APPROVAL, IF ANY: SUBJECT TO FINAL COGCC SITE INSPECTION