

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES



SUBMIT ORIGINAL AND 1 COPY

FOR OFFICE USE ONLY			
EL	FE	UC	SE
5. FEDERAL/INDIAN OR STATE LEASE NO.			

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.)

1. <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.
2. NAME OF OPERATOR Skaer Enterprises, Inc.		7. API NO.
3. ADDRESS OF OPERATOR P. O. Box 22418 CITY STATE ZIP CODE Denver, CO 80222		8. WELL NAME Tetsell
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface SE SE At proposed prod. zone Same		9. WELL NUMBER B-1
12. COUNTY Logan		10. FIELD OR WILDCAT Mount Hope East
		11. QTR. QTR. SEC., T.R. AND MERIDIAN 32-9N-53W

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

<p>13A. NOTICE OF INTENTION TO:</p> <p><input type="checkbox"/> PLUG AND ABANDON</p> <p><input type="checkbox"/> MULTIPLE COMPLETION</p> <p><input type="checkbox"/> COMMINGLE ZONES</p> <p><input type="checkbox"/> FRACTURE TREAT</p> <p><input type="checkbox"/> REPAIR WELL</p> <p><input type="checkbox"/> OTHER</p>	<p>13B. SUBSEQUENT REPORT OF:</p> <p><input checked="" type="checkbox"/> FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG)</p> <p><input type="checkbox"/> ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS)</p> <p><input type="checkbox"/> REPAIRED WELL</p> <p><input type="checkbox"/> OTHER</p> <p><small>*Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingle Completions and Recompletions</small></p>	<p>13C. NOTIFICATION OF:</p> <p><input type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONED (DATE _____) (REQUIRED EVERY 6 MONTHS)</p> <p><input type="checkbox"/> PRODUCTION RESUMED (DATE _____)</p> <p><input type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT)</p> <p><input type="checkbox"/> WELL NAME CHANGE</p> <p><input type="checkbox"/> OTHER</p>
<p>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)</p>		
<p>15. DATE OF WORK 6-14-15-90</p>		

MIRU SEI Rig #4 - pulled pump, rods and tubing, filled with sand to 4745', spotted sand to fill hole. Set 50' cement plug on top of sand. Cut 5½" casing at ± 4038', pull casing; fill hole with mud-laden fluid. Set 50' cement plug in bottom of surface pipe and 10 sacks in top. Cut off surface pipe 4' below ground level and weld on steel cap. Restored surface.

RECEIVED

EXHAUSTED
OIL WELL

JUL 20 1990

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

SIGNED

[Signature]

COLO. OIL & GAS CON. COMM. 303 320-1071
TELEPHONE NO.

NAME (PRINT)

Larry E. Skaer

TITLE

Vice President

DATE

7-10-90

(This space for Federal or State office use)

APPROVED

[Signature]

TITLE

[Signature]

DATE

5/15/91

CONDITIONS OF APPROVAL, IF ANY: