



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

SUBMIT ORIGINAL AND 1 COPY



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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.)

1. <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.
2. NAME OF OPERATOR ROMAC Exploration Company, Inc.			6. PERMIT NO. 80-1776
3. ADDRESS OF OPERATOR 4 Waring Lane			7. APL NO. 05 075 8878
CITY STATE ZIP CODE Littleton CO 80121			8. WELL NAME Vern Harley
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1000' FWL, 1600' FNL At proposed prod. zone			9. WELL NUMBER 29-1
12. COUNTY Logan			10. FIELD OR WILDCAT Cayuse
			11. QTR. QTR. SEC., T.R. AND MERIDIAN SWNW 29-9N-52W, 6 th P.M.

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/Commingled 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>
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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 2-15-94

Ran sand from 4775' to 4500'. Set 3 sacks cement on sand at 4500'.
Pumped 35 sacks cement on stub at 2700'.
Pumped 35 sacks cement in and out bottom of surface pipe.
Set 10 sacks cement in top of surface.
Cut off surface pipe 4 feet below ground level.
Welded on steel cap.
Work completed 2-17-94. Surface reclamation performed in March, 1994.

33310

EXHAUSTED GAS WELL
RECEIVED
APR 18 1994
GULF, OIL & GAS CORP.

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

SIGNED Robert C. Roehrs TELEPHONE NO. (303) 292-9516

NAME (PRINT) Robert C. Roehrs TITLE President DATE 3-31-94

(This space for Federal or State office use)

APPROVED R. VanSickle TITLE Enggr. DATE JUL 05 1994

CONDITIONS OF APPROVAL, IF ANY:



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