

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

SUBMIT ORIGINAL AND 1 COPY *h one*



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.
2. NAME OF OPERATOR Donnelly Casing Pulling Co.		6. PERMIT NO. <b>80-1520</b>
3. ADDRESS OF OPERATOR Box 791		7. API NO. 05 075 8870
CITY Sterling, CO	STATE CO	ZIP CODE 80751
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface		8. WELL NAME Tipperary Davis
At proposed prod. zone		9. WELL NUMBER #1
12. COUNTY Logan		10. FIELD OR WILDCAT Mt. Hope East
		11. QTR. QTR. SEC., T.R. AND MERIDIAN NE NE Sec.29-9N-53W

**RECEIVED**  
FFR 1 8 1992  
COLO. OIL & GAS CONS. COMM.

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

<b>13A. NOTICE OF INTENTION TO:</b> <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 _____	<b>13B. SUBSEQUENT REPORT OF:</b> <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 reports of Multiple/Commingled Completions and Recompletions</small>	<b>13C. NOTIFICATION OF:</b> <input checked="" type="checkbox"/> SHUT-IN TEMPORARILY ABANDONED (DATE <u>12/16/91</u> ) (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 12/16/91

Well has been shut in for the rest of the winter.

Hope to restart it 4/01/92.

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

SIGNED *Diana Smith* TELEPHONE NO. 303-522-1410  
 NAME (PRINT) Diana Smith TITLE Corp. Secy/Treas DATE 2-12-92

(This space for Federal or State office use)

APPROVED *R. VanSickle* TITLE Engr. DATE MAR 04 1992  
 CONDITIONS OF APPROVAL, IF ANY:

**STATUS REPORT REQUIRED EVERY 6 MONTHS ON SHUT-IN & TEMPORARILY ABANDONED WELLS**