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STATE OF COLORADO
GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCESDuplicate for Patented and Federal lands.
File in triplicate for State lands.

RECEIVED

ORIGINAL

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. OIL <input type="checkbox"/> GAS <input type="checkbox"/> WELL <input type="checkbox"/> WELL <input type="checkbox"/> OTHER Plug and Abandon		5. LEASE DESIGNATION & SERIAL NO. MAR 12 1986	
2. NAME OF OPERATOR Quest Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME OIL & GAS CONS. COMM.	
3. ADDRESS OF OPERATOR 1580 Lincoln Street, Suite 800, Denver, CO 80203		7. UNIT AGREEMENT NAME AP 167504451	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface NW NE NW-6-9N-52W At proposed prod. zone Same		8. FARM OR LEASE NAME Richerson	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT W Padroni	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 6-T9N-R52W	
		12. COUNTY Logan	
		13. STATE Colorado	

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON	<input type="checkbox"/>	ABANDONMENT*	<input checked="" type="checkbox"/>
CHANGE PLANS:	<input type="checkbox"/>		

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (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 to this work.)

18. Date of work 11-14 to 11-25-85

* Must be accompanied by a cement verification report.

11/14 - 25/85

Pulled and laid down rods and tubing. Ran Sd from 5111' to 5000'.
Loaded hole. Set 5 sx cmt on Sd. Pulled 86 joints. Pulled csg
to bottom of surf. @ 290'/ Pumped 20 sx cmt. Pulled remainder
of csg. Set 10 sx's cmt in top of surf. Welded on cap.

Well is plugged and abandoned.



00238285

EXHAUSTED
OIL WELL

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

SIGNED

TITLE Agent

DATE 3/10/86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: