

STATE OF COLORADO
OIL AND GAS 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.)

1. <input type="checkbox"/> OIL WELL <input 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 Cockrell Oil Corporation		6. PERMIT NO. 90-539
3. ADDRESS OF OPERATOR 1600 Smith Suite 4600 CITY STATE ZIP CODE Houston, Texas 77002-7348		7. API NO. 05-081-6725
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 706 FNL & 1209 FEL At proposed prod. zone Same		8. WELL NAME 791-3401
12. COUNTY Moffat		9. WELL NUMBER #1
		10. FIELD OR WILDCAT Wildcat
		11. QTR. QTR. SEC., T.R. AND MERIDIAN NE 1/4 NE 1/4 Sec. 34 T7N R9/W

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

13A. NOTICE OF INTENTION TO:

- ☐ PLUG AND ABANDON
- ☐ MULTIPLE COMPLETION
- ☐ COMMINGLE ZONES
- ☐ FRACTURE TREAT
- ☐ REPAIR WELL
- ☐ OTHER

13B. SUBSEQUENT REPORT OF:

- ☐ FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG)
- ☐ ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS)
- ☐ REPAIRED WELL
- ☐ OTHER

*Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingle Completions and Recompletions

13C. NOTIFICATION OF:

- ☐ SHUT-IN, TEMPORARILY ABANDONED (DATE _____) (REQUIRED EVERY 6 MONTHS)
- ☐ PRODUCTION RESUMED (DATE _____)
- ☐ LOCATION CHANGE (SUBMIT NEW PLAT)
- ☐ WELL NAME CHANGE
- ☒ OTHER Transfer of Ownership

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 _____

In lieu of plugging and abandonment, surface owner takes over as operator and assumes all responsibility of well. Surface owner intends to use well as a freshwater well. See attached Water Permit from Division of Water Resources.

RECEIVED

JUL 16 1992

COLO. OIL & GAS CONS. COMM.

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

SIGNED [Signature] TELEPHONE NO. 713-651-1271

NAME (PRINT) Ben Weichman TITLE Project Manager DATE 7-10-92

(This space for Federal or State office use)

APPROVED NOT APPROVED. WATER WELL PERMIT DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Belong TO THE LANDOWNER. see rule 319 (b, 7).