



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 checked="" type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input type="checkbox"/> OTHER			5. FEDERAL/INDIAN OR STATE LEASE NO. Not Applicable
2. NAME OF OPERATOR Cockrell Oil Corporation			6. PERMIT NO. 90-424
3. ADDRESS OF OPERATOR 1600 Smith, Suite 4600 CITY: Houston STATE: Texas ZIP CODE: 77002-7348			7. API NO. 05 081 6720
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface: 1972' FSL, 663' FEL At proposed prod. zone: Same			8. WELL NAME Fee
			9. WELL NUMBER 791-3409
			10. FIELD OR WILDCAT Wildcat
12. COUNTY Moffat			11. QTR. QTR. SEC., T.R. AND MERIDIAN NE $\frac{1}{4}$ SE $\frac{1}{4}$ Sec. 34, T7N, R91W

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

13A. NOTICE OF INTENTION TO: <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 _____	13B. SUBSEQUENT REPORT OF: <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 report of Multiple/Commingle Completions and Recompletions</small>	13C. NOTIFICATION OF: <input type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONED (DATE _____) (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 checked="" type="checkbox"/> OTHER <u>Drilling Unit</u>
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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 On Approval

The Drilling Unit will remain the same as filed on the APD; S $\frac{1}{2}$ Section 34, Township 7 North, Range 91 West.

RECEIVED

MAY 10 1990

COLO. OIL & GAS CONS. COMM.

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

SIGNED Dale Heitzman TELEPHONE NO. (307) 266-4840
NAME (PRINT) Dale Heitzman TITLE Consultant DATE May 8, 1990

(This space for Federal or State office use)

APPROVED Stephen Pott TITLE Sr. Engr. DATE 5/17/90
CONDITIONS OF APPROVAL, IF ANY: