

OIL AND GAS CONSERVATION COMMISSION  
OF THE STATE OF COLORADO

DEC 13 1956

OIL &amp; GAS

## SUNDRY NOTICES AND REPORTS ON WELLS CONSERVATION COMMISSION

## INSTRUCTIONS

Notice must be given to the Director, and approval obtained in advance of the time when the owner or operator expects to recomplete or abandon a well or to change plans. Within thirty (30) days after recomplection, change of plans, or remedial work, a detailed report of the work done and the results obtained shall be submitted on this form in duplicate for wells on Patented and Federal lands, and in triplicate for wells on State lands. In work that affects only rods, pumps or tubing or other routine work such as, but not limited to, cleaning out to previous total depth, no report is necessary.

Notice of Intention to Recomplete ☐Report of Remedial Work ☐Notice of Intention to Change Plans ☐Report of Recomplection ☐Notice of Intention to Abandon Well ☒Other ☐

(Check appropriate space)

LEASE NAME A. W. BLOMENKAMPWELL NO. 2FIELD Big Beaver

WILDCAT

COUNTY WashingtonLOCATION C-NE/4 NE/4Section 20Township 3-SRange 56WMeridian 6th PM

(Quarter Quarter)

660feet from North

N or S

Section Line and

660feet from East

E or W

Section Line

## (DETAILS OF WORK)

Production has declined in the above well to approximately 2 barrels oil and 112 barrels of water per day, making well uneconomical to operate.

We now propose to Plug and Abandon this well by setting a Wire Line Bridge Plug @ 4950 Ft.; cut off and pull all 5-1/2" OD Casing possible; dump 10 sacks cement from 72 Ft. to 102 Ft.; cut off surface pipe 3-ft. below ground level and plug top of hole with 5-sks. cement, and weld steel plate over the top of the pipe.

We will clean up the location, battery site and entire lease.

AJJ	
DVR	
FJK	
WRS	
HHA	
AH	
JJD	
FILE	

I/We hereby swear (or affirm) that the statements herein made are a full and correct report.

APPROVED:

DEC 14 1956

Company SINCLAIR OIL & GAS COMPANYDate 12-12-56

P O Box 9

Address Fort Morgan, ColoradoPhone No. UN 7 - 5434

Date

Director

By

(Signature)

Title Dist. Supt.