

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



FOR OFFICE USE			
<input checked="" type="checkbox"/> FE	<input type="checkbox"/> UC	<input type="checkbox"/> SE	<input type="checkbox"/>

File in duplicate for Patented and Federal lands.  
File in triplicate for State lands.

### 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 WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION & SERIAL NO.																				
2. NAME OF OPERATOR <b>R. E. Hibbert</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME																				
3. ADDRESS OF OPERATOR <b>1500 Houston Club Building, Houston, TX 77002</b>		7. UNIT AGREEMENT NAME																				
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface At proposed prod. zone <b>660' FSL &amp; 660' FEL</b>		8. FARM OR LEASE NAME <b>Kejr 51832</b>																				
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>4813' GL</b>	9. WELL NO. <b>#1</b>																				
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data		10. FIELD AND POOL, OR WILDCAT <b>Last Chance</b>																				
<table border="0"> <tr> <th colspan="2">NOTICE OF INTENTION TO:</th> <th colspan="2">SUBSEQUENT REPORT OF:</th> </tr> <tr> <td>TEST WATER SHUT-OFF <input type="checkbox"/></td> <td>PULL OR ALTER CASING <input type="checkbox"/></td> <td>WATER SHUT-OFF <input type="checkbox"/></td> <td>REPAIRING WELL <input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREAT <input type="checkbox"/></td> <td>MULTIPLE COMPLETE <input type="checkbox"/></td> <td>FRACTURE TREATMENT <input type="checkbox"/></td> <td>ALTERING CASING <input type="checkbox"/></td> </tr> <tr> <td>SHOOT OR ACIDIZE <input type="checkbox"/></td> <td>ABANDON <input type="checkbox"/></td> <td>SHOOTING OR ACIDIZING <input type="checkbox"/></td> <td>ABANDONMENT* <input type="checkbox"/></td> </tr> <tr> <td>REPAIR WELL <input type="checkbox"/></td> <td>CHANGE PLANS <input checked="" type="checkbox"/></td> <td>(Other) <input type="checkbox"/></td> <td></td> </tr> </table>		NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:		TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>	FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>	SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>	REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>	(Other) <input type="checkbox"/>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 26-3S-56W</b>
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		12. COUNTY <b>Wash.</b>																				
		13. STATE <b>Colo.</b>																				

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 8-1-88 \* Must be accompanied by a cement verification report.

To shoot off and pull approximately 3000' 5 1/2" casing.  
To run sand plug with cement plug.

# RECEIVED

MAY 20 1989

COLO. OIL & GAS CONS. COMM.

EXHAUSTED  
OIL WELL

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

PRINT R. E. HIBBERT, R. W. HIBBERT, MANAGER

SIGNED [Signature] TITLE \_\_\_\_\_ DATE 5-23-89

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE SUPR. PETROLEUM ENGINEER DATE 7/11/89  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

SUPR. PETROLEUM ENGINEER  
Oil & Gas Cons. Comm.