

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



| FOR OFFICE USE | | | |
|--|--|--|--------------------------|
| <input checked="" type="checkbox"/> FE | <input checked="" type="checkbox"/> UC | <input checked="" 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 R. E. Hibbert | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR 1500 Houston Club Building, Houston, TX 77002 | 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 660' FSL & 660' FEL | 8. FARM OR LEASE NAME Kejr 51832 |
| | 9. WELL NO. #1 |
| | 10. FIELD AND POOL, OR WILDCAT Last Chance |
| | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26-3S-56W |
| 14. PERMIT NO. | 12. COUNTY Wash. |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4813' GL | 13. STATE Colo. |

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

NOTICE OF INTENTION TO:

| | |
|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON <input checked="" type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| (Other) <input type="checkbox"/> | |

SUBSEQUENT REPORT OF:

| | |
|--|--|
| WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| (Other) <input type="checkbox"/> | |

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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]*
CONDITIONS OF APPROVAL, IF ANY:

TITLE

SUPR. PETROLEUM ENGINEER
Oil & Gas Cons. Comm.

DATE

7/11/89 ✓