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F 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 checked="" 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 <u>Tom Brown Inc</u>		6. PERMIT NO. <u>75125 01001</u>
3. ADDRESS OF OPERATOR <u>P.O. Box 2608</u> CITY <u>Midland</u> STATE <u>Texas</u> ZIP CODE <u>79702</u>		7. API NO. <u>099060670</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements See also space 17 below.) At surface <u>1000 FSL 1000 FEL</u> At proposed prod. zone <u>SAME</u>		8. WELL NAME <u>DUNCAN</u>
12. COUNTY <u>Prowers CO</u>		9. WELL NUMBER <u>1-29</u> #44233
10. FIELD OR WILDCAT <u>Barrel Springs</u>		11. QTR. QTR. SEC., T.R. AND MERIDIAN <u>Sec 29 T-25-S R-45-W</u> <u>S1E SE</u>

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

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

10-5-91

1. Squeeze 25X plug into perf @ 4891 to 4899
2. Cut casing at 627' and pulled 4 1/2
3. 35 5X plug 1/2 in and 1/2 out of surface
4. 10 5X plug at surface circulate to top
5. cut surface 4' below ground level and weld on cap.

EXHAUSTED
GAS WELL

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

SIGNED

R.H. Smith

TELEPHONE NO.

817 629-3321

NAME (PRINT)

R.H. Smith

TITLE

Agent for Tom Brown Inc.

DATE

10-

(This space for Federal or State office use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY:



00655108

DATE

12-19-91