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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. OIL WELL GAS WELL COALBED METHANE INJECTION WELL OTHER

2. NAME OF OPERATOR
Tom Brown Inc

3. ADDRESS OF OPERATOR
PO Box 2608
CITY STATE ZIP CODE
Midland Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface *1000 FEL FSL 1000 FEL*
At proposed prod. zone *SAME*

RECEIVED

OCT 15 1991

COLO. OIL & GAS CONS. COMM

12 COUNTY
Prowers CO

5. FEDERAL/INDIAN OR STATE LEASE NO.

6. PERMIT NO.
75125 01001

7. APPL NO.
099060670

8. WELL NAME
DUNCAN

9. WELL NUMBER
1-29 #44233

10. FIELD OR WILDCAT

11. QTR. QTR. SEC. T.R. AND MERIDIAN
Barrel Springs Sec 29 T-25-S R-45-W S1E SE

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/Commingled 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 25SX plug into perms @ 4891 to 4899*
- 2. Cut casing at 627 and pulled 4 1/2*
- 3. 35 SX plug 1/2 in and 1/2 out of surface*
- 4. 10 SX 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 *[Signature]*
CONDITIONS OF APPROVAL, IF ANY:



00655108

DATE *10-19-91*