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STATE OF COLORADO
CONSERVATION COMMISSION
NATURAL RESOURCES

SUBMIT ORIGINAL AND 1 COPY

NOV 16 1995

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.)

<input checked="" type="checkbox"/> OIL WELL <input 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.
NAME OF OPERATOR Stelbar Oil Corporation, Inc.			6. PERMIT NO. N/A
ADDRESS OF OPERATOR 155 North Market, Suite #500			7. API NO. 05-123-05525
CITY Wichita	STATE Kansas	ZIP CODE 67202	8. WELL NAME UPRR Priddy
LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 638' FSL & 1981' FWL At proposed prod. zone			9. WELL NUMBER 4
12. COUNTY Weld			10. FIELD OR WILDCAT Pierce Unit
			11. QTR. QTR. SEC., T.R. AND MERIDIAN SE $\frac{1}{4}$ SW $\frac{1}{4}$ Sec. 23-8N-66W

Check Appropriate Box To Indicate Nature of Notice, Report or Notification

1A. NOTICE OF INTENTION TO: <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> COMMINGLE ZONES <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> OTHER _____	13B. SUBSEQUENT REPORT OF: <input type="checkbox"/> FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG) <input type="checkbox"/> ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS) <input type="checkbox"/> REPAIRED WELL <input type="checkbox"/> OTHER _____ <small>*Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingle Completions and Recompletions</small>	13C. NOTIFICATION OF: <input checked="" type="checkbox"/> SHUT-IN, TEMPORARILY ABANDONED (DATE <u>10-13-88</u>) (REQUIRED EVERY 6 MONTHS) <input type="checkbox"/> PRODUCTION RESUMED (DATE _____) <input type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT) <input type="checkbox"/> WELL NAME CHANGE <input type="checkbox"/> OTHER _____
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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)

DATE OF WORK April 24, 1995

2/95 POOH w/production equipment. Set CIBP @ 9100'.

4/24/95 Perform mechanical integrity test on well.
Test casing to 1000 psi. Test OK.

RECEIVED
STATE CORPORATION COMMISSION

NOV 13 1995

CONSERVATION COMMISSION
WICHITA, KANSAS

I hereby certify that the foregoing is true and correct

SIGNED Roscoe L. Mendenhall TELEPHONE NO. (316) 264-8378

NAME (PRINT) Roscoe L. Mendenhall TITLE Petroleum Engineer DATE November 9, 1995

(This space for Federal or State office use)

APPROVED [Signature] TITLE _____ DATE 11/21/95

CONDITIONS OF APPROVAL, IF ANY:

SE/TA STATUS GRANTER THRU 4-24-2000