

RECEIVED

JUN 20 1992



00263469

STATE OF COLORADO  
GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES

SUBMIT ORIGINAL AND 1 COPY

COLO. OIL &amp; GAS CONS. COMM.

FOR OFFICE USE ONLY			
ET	FE	UC	SE

## 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 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.
2. NAME OF OPERATOR Stelbar Oil Corporation, Inc.		6. PERMIT NO. MA
3. ADDRESS OF OPERATOR 155 North Market, Suite #500 CITY STATE ZIP CODE Wichita Kansas 67202		7. API NO. 05-123-05525
4. 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		8. WELL NAME UPRR Priddy
12. COUNTY Weld		9. WELL NUMBER 4
		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

## 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 10-13-88) (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 10-13-88

Ran 182 joints 2-7/8" 8 Rd EUE open ended. Shut well in.  
Well was left w/54 joints 2-7/8" 8 Rd EUE and anchor catcher in bottom of hole.

STATUS REPORT REQUIRED  
EVERY 6 MONTHS ON SHUT-IN  
& TEMPORARILY ABANDONED WELLS.

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

SIGNED

*Martin B. Shawver*

TELEPHONE NO. (316) 264-8378

NAME (PRINT) Martin B. Shawver

TITLE Vice-President

DATE July 16, 1992

(This space for Federal or State office use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE

7/27/92