

WELL CATEGORY : 3 -

## WELL SITE INSPECTION FORM

LOCATION NWSE 22-12N-56W  
OPERATOR Petroleum, Inc.  
WELL NAME Buczowskyj #3X

FIELD ~~Wattenberg~~ Sleeper  
COUNTY Weld  
PERMIT #

DATE OF INSPECTION DURING DRILLING: 

RIG  SURFACE CASING:  DEPTH:   
BOP'S  RETURNS:  WOC:   
CONTACT  CMT VOL:   
ADEQUATE AQUIFER PROTECTION?   
COMMENTS

DATE OF INSPECTION AFTER COMPLETION: 

FRACED: YES  NO  PRODUCTION STRING:   
WATER DISPOSAL: PITS , INJECTED , COMMERCIAL , UNKNOWN , N.A.   
PITS: PERMIT Y  N , SKIM TANK Y  N , DIMENSIONS  GALLONS  
LEASE SIGN: YES  NO  TANK ID: YES  NO  NA  FENCED: YES  NO   
SURFACE EQUIPMENT:   
COMMENTS:

DATE OF P&A INSPECTION 8/13/87

PITS BACKFILLED: YES ☒ NO  SURFACE RECLAIMED: YES ☒ NO   
HOLE MARKER: YES ☒ NO  SITE CLEAN: YES ☒ NO   
BOND RELEASE OK: YES ☒ NO  LANDOWNER RELEASE: YES  NO   
COMMENTS: Final P+A inspection OK

DATE OF SAFETY INSPECTION 

COMMENTS:

INSPECTOR SPAPI No. 05-123-7077P&A Inspected: Yes ☒ No



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

FOR OFFICE USE			
ET	FE	UC	SE
			MP

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 Petroleum, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR Box 340; Kimball, NE 69145		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 C NW-SE Sec. 22-12N-56W At proposed prod. zone		8. FARM OR LEASE NAME Buczowskyj 59135	
		9. WELL NO. #3-X	
		10. FIELD AND POOL, OR WILDCAT Sleeper Field	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4,879 GR	12. COUNTY Weld	13. STATE Colo.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

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

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 checked="" 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 June 1987 \* Must be accompanied by a cement verification report.

Pull Pipe--Plug & Abandon Well

Sand across perfs  
10 Sks above perfs  
20 Sks bottom of surface  
10 Sks top of surface  
Weld plate on top

Clean and Level Location

EXHAUSTED  
OIL WELL

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

PRINT Royal Franklin

SIGNED Royal Franklin TITLE Lease Foreman DATE July 1, 1987

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: