



00245145

OGCC FORM 4  
Rev 8/89STATE OF COLORADO  
OIL AND GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES

SUBMIT ORIGINAL AND 1 COPY



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.)

5. FEDERAL/INDIAN OR STATE LEASE NO.

 OIL WELL   
  GAS WELL   
  COALBED METHANE   
  INJECTION WELL   
  OTHER

6. PERMIT NO.

92-810

2. NAME OF OPERATOR

DeClar Oil &amp; Gas, Inc.

7. API NO.

05-123-8073-1

3. ADDRESS OF OPERATOR

P.O. Box 1455

8. WELL NAME

Klingingsmith

CITY                      STATE                      ZIP CODE

Ft. Morgan              Colo                      80701

9. WELL NUMBER

#1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements  
See also space 17 below.)

At surface    SE SE

10. FIELD OR WILDCAT

Sleeper

At proposed prod. zone

660' FSL, 660' FEL

12. COUNTY

Weld

11. QTR. QTR. SEC., T.R. AND MERIDIAN

SE SE Sec 21, T12N, R56W

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 pertinent15. DATE OF WORK as soon as possible with orders

VP

- Set plug @ <sup>6100'</sup> 6000' (cast iron bridge plug)
- Dump 5 sks cement on top of plug
- cut and pull free casing. @ 4000'
- set 20sks plug  $\frac{1}{2}$  in  $\frac{1}{2}$  out of casing stub. AT 600'. (40 SKS)
- set 20' sks plug in btm surface @ 270' (40 SKS)
- set 10' sks plug in top of surface
- cut off surface 4' below ground level, weld on cap.

NOTIFIED BINKLEY 48 HRS  
PRIOR TO PLUGGING.

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

SIGNED

Lewis Camp

TELEPHONE NO.

970-867-6697

NAME (PRINT)

Lewis Camp

TITLE Geologist

DATE Nov. 4 1995

(This space for Federal or State office use)

APPROVED

APPROVED  
D E DILLON

TITLE

SR. PETROLEUM ENGINEER  
O & G Cons. Comm.

DATE

MAY 9 1996

CONDITIONS OF APPROVAL, IF ANY:

CANNOT APPROVE PLUGGING UNTIL FORM 5 IS RECEIVED.