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

SUBMIT ORIGINAL AND 1 COPY

SEP 10 1996

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. <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. <u>State 94-2232-S</u>
2. NAME OF OPERATOR <u>Gils Hot Oil Service</u>			6. PERMIT NO. <u>96-391</u>
3. ADDRESS OF OPERATOR <u>P.O. Box 145</u>			7. API NO. <u>05-057-6372</u>
CITY <u>Byers</u>	STATE <u>Co.</u>	ZIP CODE <u>80103</u>	8. WELL NAME <u>State</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>330' FEL & 330' FNL</u>			9. WELL NUMBER <u>11-1</u>
At proposed prod. zone <u>Same</u>			10. FIELD OR WILDCAT <u>Canadian River</u>
12. COUNTY <u>Jackson</u>			11. QTR. QTR. SEC., T.R. AND MERIDIAN <u>NE NE Sec 11-9N-78W</u>

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

13A. 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 checked="" 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 type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONED (DATE _____) (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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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 8-9-96

Ran in hole with 250' of drill pipe circulate hole with water displace with cement from Wyatt Red. Kirk until had cement returns to surface
Back fill pits + restore location

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

SIGNED Gilbert Paine TELEPHONE NO. 303-622-9751

NAME (PRINT) Gilbert Paine TITLE President DATE 9-4-96

(This space for Federal or State office use)

APPROVED _____ TITLE _____ DATE 9/13/96

CONDITIONS OF APPROVAL, IF ANY:

SUBJECT TO SITE INSPECTION

P.O. Box 1052
WALDEN, COLORADO 80480
(303) 723-4471

CUSTOMER'S ORDER NO. 4		PHONE	8-9-96
NAME		Grillo, Bob	
ADDRESS		506 4th Ave	
CITY	STATE	ZIP CODE	
San Francisco	CA	94102	

SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE RET'D	PAID OUT
QTY.	DESCRIPTION			PRICE	AMOUNT	
	Set Plug					
	945 Acks					893.00
	mileage					24.00
	11-1					
	350 g.p.			TAX		59.22
				TOTAL		976.22

FORM 420-3

ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS BILL

Thank You

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JK JK