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

SUBMIT ORIGINAL AND 1 COPY

FOR OFFICE USE ONLY			
FILED	FILE	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.)☒ OIL WELL ☐ GAS WELL ☐ COALBED METHANE ☐ INJECTION WELL ☐ OTHER

5 FEDERAL INDIAN OR STATE LEASE NO.

6 PERMIT NO.

850 227

7 NAME OF OPERATOR

Noffsinger Mfg. Co., Inc.

8 ADDRESS OF OPERATOR

P O Box 488

CITY

STATE

ZIP CODE

Greeley, CO 80632

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

At surface

NESE, 11-9-78

At proposed prod. zone

Same

2294' FSL / 200' FEL

RECEIVED

APR - 3 1995

COLO. OIL &amp; GAS CONS. COMM

10 API NO.

057-06255-0

11 WELL NAME

Experiencing a lease  
street Ranch

12 WELL NUMBER

1-A

13 FIELD OR WILDCAT

Canadian River

14 QTR. QTR. SEC. T.R. AND MERIDIAN

511  
T9N, R78 W of 6th P.M.

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 3 - Well Completion or Recompletion Report and Log  
for subsequent reports of Multiple/Commungled Completions  
and Recompletions

## 13C. NOTIFICATION OF:

- ☒ SHUT-IN TEMPORARILY ABANDONED  
(DATE 6-1-93 thru 5-31-94  
(REQUIRED EVERY 6 MONTHS) current)
- ☐ 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

Comply with Rule 324-b. Run and  
submit Mechanical Integrity Test  
within 6 months or P & A well.

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

SIGNED

Edwin D. Walters

TELEPHONE NO. 352-0463

NAME (PRINT)

Edwin D. Walters

TITLE Controller

DATE 4-3-95

(This space for Federal or State office use)

APPROVED

M

TITLE

H

DATE

4-7-95

CONDITIONS OF APPROVAL, IF ANY: