



00272047

OGCC FORM 4  
Rev 8/89

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

SUBMIT ORIGINAL AND 1 COPY

SEP 9 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.)

OIL WELL     GAS WELL     COALBED METHANE     INJECTION WELL     OTHER

2 NAME OF OPERATOR  
Noffsinger Mfg. Co. Inc

3 ADDRESS OF OPERATOR  
P.O.Box 488, 500 6th Ave

CITY STATE ZIP CODE  
Greeley CO 80631

4 LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface NENESE Sec11, T9N, R78W  
At proposed prod zone

5 FEDERAL INDIAN OR STATE LEASE NO

6 PERMIT NO

7 API NO  
05-057-0625500

8 WELL NAME  
Blevins A

9 WELL NUMBER  
1A

10 FIELD OR WILDCAT  
Canadian River

11 QTR. QTR. SEC. T.R. AND MERIDIAN  
NENESE Sec11, T9N, R78W



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 \_\_\_\_\_

VP

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 pertinent

15. DATE OF WORK Sept 96 Will notify COGCC 48hrs prior to work.

1. Fill hole with water. If hole will not stand full, fill bottom with sand till fluid stands in hole.
2. Perf 4 1/2" casing at 137' and circulate cement in and out to surface. 8 5/8" surface at 87'. 150'
3. Cut head off 4' below GL and weld plate on with well info.
4. Rehab Location.

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

SIGNED William J. Rippy Jr.

TELEPHONE NO. 970-858-3736

NAME (PRINT) BILL RIPPY TITLE CONTRACTOR

DATE 9/1/96

(This space for Federal or State office use)

APPROVED \_\_\_\_\_ TITLE \_\_\_\_\_

DATE 9/11/96

CONDITIONS OF APPROVAL, IF ANY: