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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			
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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.)

<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	
2 NAME OF OPERATOR Noffsinger Mfg. Co. Inc.			6 PERMIT NO	
3 ADDRESS OF OPERATOR P.O. Box 488, 500 6th Ave			7 API NO 05-057-0625500	
CITY STATE ZIP CODE Greeley CO. 80631			8 WELL NAME Blevins A	
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			9 WELL NUMBER 1A	
12 COUNTY Jackson			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 \_\_\_\_\_

## 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 Nov 96

1. Fill hole with water. Stood full.
2. Perf 4 1/2" casing.
3. Circulate 40 sks cement in and out of 4 1/2" to surface from 150'.
4. Cut head off 4' below GL and weld on plate with well info.
5. Rehab location.

EXHAUSTED  
OIL WELL

00272044

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

SIGNED William J. Rippy Jr.TELEPHONE NO. 970-858-3736NAME (PRINT) BILL RIPPYTITLE CONTRACTORDATE 12/20/96

(This space for Federal or State office use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

1/24/97

10/29/81

Talked to Patterson  
about loc. of Blevins  
A-1. He thinks they  
skidded rig and re-  
drilled the well. He  
will send copies of  
reports he has.

H.

NE NW  
1/4

5-28-82

Per Betty Pickins  
(Gasco) there is one hole  
only, not two. She will  
have their field man  
check out locations &  
write me & submit map,  
Jim