

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
 DEPARTMENT OF NATURAL RESOURCES
 SUBMIT ORIGINAL AND 1 COPY

FOR OFFICE USE			
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<input checked="" type="checkbox"/>			

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen of plug back to a different reservoir.
 Use "APPLICATION FOR PERMIT-" for such proposals.)

1. <input 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 MARTIN EXPLORATION MANAGEMENT CO.			6. PERMIT NO. 81-2211
3. ADDRESS OF OPERATOR 2300 CENTRAL AVENUE, SUITE A			7. API NO. 05-013-6102
CITY BOULDER	STATE CO	ZIP CODE 80301	8. WELL NAME TYLER
4. LOCATION OF WELL (Report location clearly & in accordance with any State requirements) At surface 860' FEL, 660' FSL At proposed production zone			9. WELL NUMBER #1-4
12. COUNTY BOULDER			10. FIELD OR WILDCAT WATTENBERG
			11. QTR. QTR. SEC., T.R. AND MERIDIAN SESE 4-T1N-R69W

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

13A. NOTICE OF INTENTION TO <input type="checkbox"/> PLUG AND ABANDON <input checked="" type="checkbox"/> MULTIPLE COMPLETION <input checked="" type="checkbox"/> COMMINGLE ZONES <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> OTHER:	13B. SUBSEQUENT REPORT OF <input type="checkbox"/> FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION & 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

Martin Exploration plans to commingle J-Sand production from existing perfs with Codell-Niobrara production. This work is expected to begin in February, or March of 1992. Actual commingling of the J-Sand and Codell Niobrara formation will occur within 90 days of the beginning of the recompletion.

Recompletion procedure: isolate existing J-Sand perforations using sand plug, next perforate C/B Zones, frac C/N, clean up C/N and produce. Kill well and un-isolate J-Sand, swab well in and return well to production from C/N - J Sand commingled.

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

SIGNED

NAME (PRINT)

Elizabeth B. Griffin

TITLE

Landman

PHONE NO. **(303) 447-8539**

DATE **1/28/92**

(This space for Federal or State office use)

APPROVED

TITLE

Engg.

DATE **FEB 27 1992**

CONDITIONS OF APPROVAL, IF ANY:



00037361