

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



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FOR OFFICE USE

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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 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 Gerrity Oil & Gas Corporation			6. PERMIT NO. 93-373
3. ADDRESS OF OPERATOR 4100 E. Mississippi Ave., #1200			7. API NO. 05-013-6305
CITY Denver	STATE CO	ZIP CODE 80222	8. WELL NAME Memo
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 14 below.) At surface 668' FNL & 1779' FWL Sec. 8 At proposed production zone same			9. WELL NUMBER MC #8-3
12. COUNTY BOULDER			10. FIELD OR WILDCAT Wattenberg
			11. QTR. QTR. SEC., T.R. AND MERIDIAN NE NW Sec. 8-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 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 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 *Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingle Completions and Recompletions	13C. NOTIFICATION OF: <input type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONES 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 checked="" 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

The original APD for this well expires 8/3/93.

This well will be drilled later than originally anticipated, therefore
 Gerrity Oil & Gas Corporation requests a 120-day extension to the original APD.

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

SIGNED

PHONE NO. (303) 757-1110

NAME (PRINT) **Greg Wilcox**TITLE **Operations Engineer**DATE **07/28/93**

(This space for Federal or State office use)

APPROVED

TITLE

ETA

DATE

8/20/93

CONDITIONS OF APPROVAL, IF ANY:

Extended to 12-2-93