

**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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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 <b>Gerrity Oil &amp; Gas Corporation</b>		6. PERMIT NO. <b>93-374</b>
3. ADDRESS OF OPERATOR <b>4100 E. Mississippi Ave., #1200</b>		7. API NO. <b>05-013-6306</b>
CITY <b>Denver</b> STATE <b>CO</b> ZIP CODE <b>80222</b>		8. WELL NAME <b>Memo</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 14 below.) At surface <b>669' FNL &amp; 660' FWL Sec. 8</b> At proposed production zone <b>same</b>		9. WELL NUMBER <b>MC #8-4</b>
12. COUNTY <b>BOULDER</b>		10. FIELD OR WILDCAT <b>Wattenberg</b>
		11. QTR. QTR. SEC., T.R. AND MERIDIAN <b>NW NW Sec. 8-T1N-R69W</b>

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

<b>13A. NOTICE OF INTENTION TO:</b> <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:	<b>13B. SUBSEQUENT REPORT OF:</b> <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	<b>13C. NOTIFICATION OF:</b> <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*