



00416747

OGCC FORM 4
Rev. 1/78

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



File in duplicate for Patented and Federal lands.
File in triplicate for State lands.

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <u>Injection Well</u>		5. LEASE DESIGNATION & SERIAL NO.	
2. NAME OF OPERATOR <u>Poncho Prod. Co.</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <u>P.O. Box 357 Parker, CO 80134</u>		7. UNIT AGREEMENT NAME <u>Poncho 2 Snd Unit</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>2126 FEL, 759 FNL</u> At proposed prod. zone		8. FARM OR LEASE NAME <u>Poncho</u>	
14. PERMIT NO. <u>71-783 / 05-001-6372</u>		9. WELL NO. <u>6</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>5074 L.B.</u>		10. FIELD AND POOL, OR WILDCAT <u>Poncho</u>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>NWNE 34-3s-59w</u>	
		12. COUNTY <u>Adams</u>	13. STATE <u>CO</u>

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (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 to this work.)

18. Date of work 11/16/87 * Must be accompanied by a cement verification report.

Status Report: Temporarily Abandoned

FOR OFFICE USE
FILED
NOV 17 1987
COLO. OIL & GAS CONS. COMM.

RECEIVED
NOV 17 1987
COLO. OIL & GAS CONS. COMM.

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

SIGNED [Signature] TITLE V.P. DATE 11/16/87

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE SR. PETROLEUM ENGINEER DATE NOV 16 1987
O & G Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY:

STATUS REPORT REQUIRED EVERY 6 MONTHS ON SHUT-IN & TEMPORARILY ABANDONED WELLS.