



00416658

OGCC FORM 4
Rev 8/89STATE 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.)

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. <u>COLORADO 69/7211.5</u>
2. NAME OF OPERATOR <u>PONCHO PRODUCTION COMPANY</u>		6. PERMIT NO. <u>71-468</u>
3. ADDRESS OF OPERATOR <u>10675 HOBBIT LANE</u>		7. API NO. <u>05-001-06304</u>
CITY <u>WESTMINSTER</u>	STATE <u>CO</u>	8. WELL NAME <u>PONCHO J SAND UNIT</u>
ZIP CODE <u>80030</u>		9. WELL NUMBER <u>1</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements See also space 17 below.) At surface <u>660 FSL, 1900 FWL</u> At proposed prod. zone <u>SAME</u>		10. FIELD OR WILDCAT <u>PONCHO</u>
12. COUNTY <u>ADAMS</u>		11. QTR. QTR. SEC., T.R. AND MERIDIAN <u>SE SW 34. 3s-59w</u>

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 reports of Multiple Commingled Completions
and Recompletions

13C. NOTIFICATION OF:

- ☒ SHUT-IN, TEMPORARILY ABANDONED
(DATE 7-20-87)
(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 JULY 20, 87

WELL SHUT-IN.

WELL HEAD APPROPRIATELY PACKED OFF.

RECEIVED

JAN 15 1991

OIL & GAS CONSERVATION COMMISSION

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

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

SIGNED

Robert L. VachlavikTELEPHONE NO. 303.460.9318

NAME (PRINT)

ROBERT L. VACHLAVIK

TITLE

PRESIDENT

DATE

12-21-90

(This space for Federal or State office use)

APPROVED

John Powell

TITLE

DEPUTY DIRECTOR

DATE

JAN 22 1991

CONDITIONS OF APPROVAL, IF ANY: