



00416658

OGCC FORM 4
Rev 8/89

STATE 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.)

5. FEDERAL/INDIAN OR STATE LEASE NO.

COLORADO 69/7211-S

1. OIL WELL GAS WELL COALBED METHANE INJECTION WELL OTHER

6. PERMIT NO.

71-468

2. NAME OF OPERATOR

PONCHO PRODUCTION COMPANY

7. API NO.

05-001-06304

3. ADDRESS OF OPERATOR

10675 HOBBIT LANE

8. WELL NAME

PONCHO J SAND UNIT

CITY STATE ZIP CODE
WESTMINSTER CO 80030

9. WELL NUMBER

1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)

At surface 660 FSL, 1900 FWL

10. FIELD OR WILDCAT

PONCHO

At proposed prod. zone

SAME

12. COUNTY

ADAMS

11. QTR. QTR. SEC., T.R. AND MERIDIAN

SE SW 34-35-59W

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

CO. OIL & GAS CONS. COM.

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. Vaclavik

TELEPHONE NO. 303-460-9318

NAME (PRINT)

ROBERT L. VACLAVIK

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: