

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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BIB			

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.)

<input 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 Hawthorne Oil & Gas Corporation		6 PERMIT NO 74-972 ✓
3 ADDRESS OF OPERATOR 1717 St. James Place #200		7 API NO 05-001-06946 ✓
CITY STATE ZIP CODE Houston, Texas 77056		8 WELL NAME Linnebur
4 LOCATION OF WELL (Report location clearly and in accordance with any State requirements See also space 17 below) At surface SE/4NE/4 Sec. 31-3S-59W ✓		9 WELL NUMBER #3
At proposed prod zone		10 FIELD OR WILDCAT Lone Tree
12 COUNTY ADAMS		11 QTR. QTR. SEC. T.R. AND MERIDIAN SE SE Sec. 31-3S-59W

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 checked="" 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 _____ <small>* Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingle Completions and Recompletions</small>	13C. NOTIFICATION OF: <input type="checkbox"/> SHUT-IN TEMPORARILY ABANDONED (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 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 August 25, 1993

WORK PERFORMED BY H&R WELL SERVICES (see attached invoices)

1. Loaded out cement pad
2. Backfilled and Leveled Location
3. Dug up deadmen
4. Filled mud pits and leveled area
5. Farmer preparing to plant crops at this time



LOCATION READY FOR FINAL INSPECTION

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

SIGNED Sandra M. Parsons TELEPHONE NO. (303) 837-0073

NAME (PRINT) Sandra M. Parsons TITLE R C. Qualls Agent DATE 9/13/93

(This space for Federal or State office use)

APPROVED D-R [Signature] TITLE SR. PETROLEUM ENGINEER DATE SEP 06 1994
CONDITIONS OF APPROVAL, IF ANY: O & G Cons. Comm.