

713-961-1770

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



SUBMIT ORIGINAL AND 1 COPY

FOR OFFICE USE ONLY			
<input checked="" type="checkbox"/> ET	<input type="checkbox"/> FE	<input type="checkbox"/> UC	<input type="checkbox"/> SE

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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
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		6 PERMIT NO <b>74-972</b>
2 NAME OF OPERATOR HAWTHORNE OIL & GAS CORPORATION		7 API NO 05-001-06946
3 ADDRESS OF OPERATOR 1717 St. James Place #200		8 WELL NAME LINNEBUR
CITY STATE ZIP CODE Houston, Texas 77056		9 WELL NUMBER #3
4 LOCATION OF WELL (Report location clearly and in accordance with any State requirements See also space 17 below ) At surface SE/4 NE/4 Sec. 31-3S-59W		10 FIELD OR WILDCAT Lone Tree
At proposed prod zone		11 QTR. QTR. SEC., T.R. AND MERIDIAN SE NE Sec. 31-3S-59W
12 COUNTY Adams		

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/Commingled 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 September 22, 1992

Set CIBP @ 6050' & Spotted 2 sxs cmt.  
Fill Hole with mud  
Freepoint & Cut csg @ 3347'  
Set 35 sxs cmt @ base of Sfc pipe from 240' up.  
Set 10 sxs @ Sfc  
Cut wellhead off 4' below sfc, welded plate  
Backfilled hole

All Cement was 50/50 poz.  
yield is 1.26 cuft/sx  
weight is 14.1 ppg.

RECEIVED

AUG 06 1993

COLO. OIL & GAS CONS. COMMISSION

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

SIGNED Sandra M. Parsons TELEPHONE NO. \_\_\_\_\_

NAME (PRINT) SANDRA M. PARSONS TITLE AGENT FOR HAWTHORNE DATE 5/25/93

R.C. QUALLS  
837-0073

(This space for Federal or State office use)

APPROVED Tim B. Binkley TITLE Engineer DATE 9-8-93

CONDITIONS OF APPROVAL, IF ANY: 9-8-93 location backfilled & re-claimed according to Hawthorne telephone call.