

**STATE OF COLORADO  
OIL AND GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES  
SUBMIT ORIGINAL AND 1 COPY**



FOR OFFICE USE			
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**SUNDRY NOTICES AND REPORTS ON WELLS**

(Do not use this form for proposals to drill or to deepen of plug back to a different reservoir. Use "APPLICATION FOR PERMIT-" for such proposals.)

1.  OIL WELL  GAS WELL  COALBED METHANE  INJECTION WELL  OTHER **Dry Hole**

2. NAME OF OPERATOR  
**Miller-Christensen & Allison Drilling Co., Inc.**

3. ADDRESS OF OPERATOR  
**1275 Sherman Street**

CITY STATE ZIP CODE  
**Denver CO 80203**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 14 below.)  
At surface **1980 FWL 660 FSL (SESW)**

At proposed production zone

5. FEDERAL/INDIAN OR STATE LEASE NO.

6. PERMIT NO. **79-816**

7. API NO. **JUN 16 1993**

8. WELL NAME **COLO. OIL & GAS CONS. COMM. Sellman-Rico**

9. WELL NUMBER **1**

10. FIELD OR WILDCAT **Lone Tree**

11. QTR. QTR. SEC., T.R. AND MERIDIAN **SE SW 32-3S-59W**

\* Check Appropriate Box To Indicate Nature of Notice, Report or Notification

<p>13A. NOTICE OF INTENTION TO:</p> <p><input type="checkbox"/> PLUG AND ABANDON</p> <p><input type="checkbox"/> MULTIPLE COMPLETION</p> <p><input type="checkbox"/> COMMINGLE ZONES</p> <p><input type="checkbox"/> FRACTURE TREAT</p> <p><input type="checkbox"/> REPAIR WELL</p> <p><input checked="" type="checkbox"/> OTHER: <b>Replug dry hole</b></p>	<p>13B. SUBSEQUENT REPORT OF:</p> <p><input type="checkbox"/> FINAL PLUG AND ABANDONMENT SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG)</p> <p><input type="checkbox"/> ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS)</p> <p><input type="checkbox"/> REPAIRED WELL</p> <p><input checked="" type="checkbox"/> OTHER: *Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingled Completions and Recompletions</p>	<p>13C. NOTIFICATION OF:</p> <p><input type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONES DATE: (REQUIRED EVERY 6 MONTHS)</p> <p><input type="checkbox"/> PRODUCTION RESUMED DATE:</p> <p><input type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT)</p> <p><input type="checkbox"/> WELL NAME CHANGE</p> <p><input checked="" type="checkbox"/> OTHER:</p>
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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 **July 1 - 15, 1993**  
**Replug dry hole (well plugged 8/29/79). Displace water to top of cement 147'. Pump in 50 sx cement to plug from 147' to top of surface. Weld cap on top of surface pipe.**

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

SIGNED *J. W. Allison* PHONE NO. **(303) 861-2228**  
 NAME (PRINT) **J. W. (Bill) Allison** TITLE **President/CEO** DATE **6/15/93**

(This space for Federal or State office use)  
 APPROVED *Tim B. Bradley* TITLE **Engineer** DATE **6-18-93**  
 CONDITIONS OF APPROVAL, IF ANY: **Backfill cellar after plugging.**