

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



FOR OFFICE USE			
ET	FE	UC	SE

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input checked="" type="checkbox"/> OTHER <u>Dry Hole</u>		5. FEDERAL/INDIAN OR STATE LEASE NO.
2. NAME OF OPERATOR Miller-Christensen & Allison Drilling Co., Inc.		6. PERMIT NO. 79-816
3. ADDRESS OF OPERATOR 1275 Sherman Street		7. API NO. JUN 16 1993
CITY Denver STATE CO ZIP CODE 80203	8. WELL NAME COLO. OIL & GAS CONS. COMM. Sellman-Rico	
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)		9. WELL NUMBER 1
At proposed production zone		10. FIELD OR WILDCAT Lone Tree
12. COUNTY Adams		11. QTR. QTR. SEC., T.R. AND MERIDIAN SE SW 32-3S-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 checked="" type="checkbox"/> OTHER: Replug dry hole	13B. SUBSEQUENT REPORT OF: <input 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 checked="" type="checkbox"/> OTHER: *Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingle Completions and Recompletions	13C. NOTIFICATION OF: <input type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONES 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 checked="" type="checkbox"/> 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 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 [Signature] 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 [Signature] TITLE **Engineer** DATE **6-18-93**

CONDITIONS OF APPROVAL, IF ANY:

Backfill cellar after plugging.