

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



FOR OFFICE USE			
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 Company, Inc.		6. PERMIT NO. 79-816
3. ADDRESS OF OPERATOR 1275 Sherman Street		7. API NO. 05 001 7474
CITY Denver STATE CO ZIP CODE 80203		8. WELL NAME Sellman Rico
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 14 below.) At surface 1,980' FWL, 660' FSL At proposed production zone		9. WELL NUMBER 1
12. COUNTY Adams		10. FIELD OR WILDCAT Lone Tree
		11. QTR. QTR. SEC., T.R. AND MERIDIAN SE SW 32-³S-59W, 6 PM

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 checked="" type="checkbox"/> OTHER: <u>Replug well</u> *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 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
July 30, 1993

Pumped 50 sacks 50/50 poz cement from 140' to the surface. Cut well head off 4' below surface, welded cap on surface pipe. Backfill around surface pipe.

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

SIGNED

PHONE NO. **(303) 861-2228**

NAME (PRINT) **J.W. (Bill) Allison**

TITLE **President**

DATE **08/13/93**

(This space for Federal or State office use)

APPROVED

TITLE Engineer

DATE 11-17-93

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
AUG 16 1993
OIL AND GAS CONSV. COMM.