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STATE OF COLORADO
CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

COLO. OIL & GAS CONS. COMM.

SUBMIT ORIGINAL AND 1 COPY

FOR OFFICE USE ONLY			
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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 checked="" 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 Edward Mike Davis		6 PERMIT NO 911313
3 ADDRESS OF OPERATOR 27-720-3 River Way		7 API NO 00109055
CITY STATE ZIP CODE Houston Texas 77056		8 WELL NAME #12-27 UPRR Price
4 LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface SW NW Sec 27-T35-R59W		9 WELL NUMBER #12-27
At proposed prod zone		10 FIELD OR WILDCAT Wildcat
12 COUNTY Adams		11 QTR., QTR., SEC., T.R. AND MERIDIAN 27-35-59W SW NW

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

13A. NOTICE OF INTENTION TO: <input checked="" 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. <u>SUBSEQUENT REPORT OF:</u> <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/Commungled 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 1-6-92

Plug No.	Interval	Formation	200ks
1	6100ft to 6000ft	"D&J" Sands	405ks
2	430ft to 360ft.	- In & Out Base Csg.	302ks
3	30ft to Surface	@ Surface	105ks

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

SIGNED William J. Meagher TELEPHONE NO. _____

NAME (PRINT) William J. Meagher TITLE Geologist DATE 3-6-92

(This space for Federal or State office use)

APPROVED Eric B. Dudley TITLE Engineer DATE 3-31-92

CONDITIONS OF APPROVAL, IF ANY: