



SEP 10 1997



OGCC FORM 4
Rev. 8/89

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

SUBMIT ORIGINAL AND 1 COPY

FOR OFFICE USE ONLY			
ET	FE	UC	SE

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.)

5 FEDERAL INDIAN OR STATE LEASE NO.

OIL WELL GAS WELL COALBED METHANE INJECTION WELL OTHER

6 PERMIT NO.

7 NAME OF OPERATOR
Tom Brown Inc.

7 API NO
05-057-5087

8 ADDRESS OF OPERATOR
141 Union Blvd, Ste 400

8 WELL NAME
Blevins

CITY STATE ZIP CODE
Lakewood CO 80228

9 WELL NUMBER
A-8

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface 850'FNL, 410'FEL

10 FIELD OR WILDCAT
Canadian River

At proposed prod zone Sec10, T9N, R78W

12 COUNTY
Jackson

11 QTR. QTR. SEC., T.R. AND MERIDIAN
SENE, Sec10, T9N, R78W

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

13A. NOTICE OF INTENTION TO:

- PLUG AND ABANDON
- MULTIPLE COMPLETION
- COMMINGLE ZONES
- FRACTURE TREAT
- REPAIR WELL
- OTHER _____

13B. SUBSEQUENT REPORT OF:

- FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG)
 - ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS)
 - REPAIRED WELL
 - OTHER
- * Use Form 3 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingle Completions and Recompletions

13C. NOTIFICATION OF:

- SHUT-IN, TEMPORARILY ABANDONED (DATE _____) (REQUIRED EVERY 6 MONTHS)
- PRODUCTION RESUMED (DATE _____)
- LOCATION CHANGE (SUBMIT NEW PLAT)
- WELL NAME CHANGE
- 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 9/5/97

1. Call Dave Shelton and got permission to set cement plug instead of BP.
2. Spot 16 sk cement from 1937' and across perfs. Tag at 1810'.
3. Perf 5 1/2" casing at 359'.
4. Place 50 sk cement at 359' in & out of 5 1/2" casing.
5. Place 15 sk cement at surface in & out of 5 1/2" casing.
6. Cut head off 4' below GL and weld plate on with well info.

132895
EXHAUSTED
GAS

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

SIGNED William J. Rippy Jr. TELEPHONE NO. 970-858-3736

NAME (PRINT) BILL RIPPY TITLE Contractor DATE 9/8/97

(This space for Federal or State office use)

APPROVED [Signature] TITLE _____ DATE 9/17/97

CONDITIONS OF APPROVAL, IF ANY:

1997 1 932

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

RECEIVED

SEP 10 1997

WYATT REDI-MIX
P.O. BOX 1052
WALDEN, COLORADO 80480

6110

NAME Ricky Wall Service DATE 9/5/97
ADDRESS _____ DELIVERY TIME _____
JOB LOCATION Blevins A # 8

QUANTITY	DESCRIPTION	PRICE	AMOUNT
<u>16 sack</u>	<u>FIBER</u>	<u>160.00</u>	
	<u>HI-EARLY</u>		
	<u>HOT WATER</u>		
	<u>COLOR</u>	<u>37.00</u>	
	<u>TAX</u>		
	<u>TRUCK TIME</u>	<u>11.52</u>	
	<u>TOTAL</u>		<u>203.52</u>

ROCK _____ LBS. % OF MOISTURE _____ %
 SAND _____ LBS. % OF MOISTURE _____ %
 CEMENT _____ LBS. TOTAL AGG. _____
 WATER _____ GALS.
 AIR _____ OZS./CWT
 RETARDER _____ OZS./CWT HI-EARLY _____ OZS./CWT
 BATCH TIME _____ A.M./P.M. REDUCER _____ OZS./CWT
 WATER ADDED AT SITE _____ GALS.
 O.A.T. _____

Freshly mixed cement, mortars, grout or concrete may cause skin irritation. Avoid direct contact where possible and wash exposed area promptly with water. If any of the cementitious materials gets into the eyes, rinse immediately with water and get prompt medical attention. Keep out of reach of children.

All accounts are due and payable on the 10th of the month following the charge. Unless previous arrangements have been made, bills not paid by the 10th will be considered past due and a service charge will be added on the unpaid balance at the rate of 1.5% per month (ANNUAL PERCENTAGE RATE 18%). If legal action is necessary to enforce collection, the customer agrees to pay attorneys fees.

Order Received By _____