

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

SUBMIT ORIGINAL AND 1 COPY



00265392

SEP 10 1997



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.)

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

SENESE, 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.

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

OR

TITLE

DATE

9/17/97

CONDITIONS OF APPROVAL, IF ANY:

SEP 1 1997

SEP 10 1997

WYATT REDI-MIX

6110

P.O. BOX 1052
WALDEN, COLORADO 80480

NAME

Ripley Well Service

DATE

9/5/97

ADDRESS

DELIVERY TIME

JOB LOCATION

Blenkins A #8

QUANTITY	DESCRIPTION	PRICE	AMOUNT
<i>16 sack</i>	<i>7000</i>		
	FIBER	<i>160</i>	<i>00</i>
	HI-EARLY		
	HOT WATER		
	COLOR	<i>37</i>	<i>00</i>
	TAX		
	TRUCK TIME	<i>11</i>	<i>52</i>
	TOTAL		<i>203 52</i>

ROCK _____ LBS. % OF MOISTURE _____ %
 SAND _____ LBS. % OF MOISTURE _____ %
 CEMENT _____ LBS. _____ %
 WATER _____ GALS. TOTAL AGG. _____
 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 _____

WYOMING STATIONERS (307) 742-6675

Ref. No: G 302313906