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

FOR OFFICE USE			
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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 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. RECEIVED
2. NAME OF OPERATOR Gerrity Oil & Gas Corporation		6. PERMIT NO. 81-535 NOV 07 1994
3. ADDRESS OF OPERATOR 4100 E. Mississippi Ave., #1200		7. API NO. 05-013-6056
CITY Denver STATE CO ZIP CODE 80222		8. WELL NAME Sinkey
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 14 below.) At surface 660' FSL & 1980' FEL Sec. 19 At proposed production zone same		9. WELL NUMBER #1-19
12. COUNTY Boulder		10. FIELD OR WILDCAT Wattenberg
		11. QTR. QTR. SEC., T.R. AND MERIDIAN SWSE 19-T1N-R69W

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 checked="" type="checkbox"/> OTHER:	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 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 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

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PLACE 10 SET OUT IF POSSIBLE
ACROSS TEST PERFS 680 VP

8. If not productive, TOH with tubing. Cut casing off at 638'. TOH with casing.

9. Spot 60 sx. cement across casing stub and surface casing shoe.

10. Spot 10 sx. cement at surface inside 8 5/8" casing.

11. Cut off casing 4' below ground level. Weld on plate and marker. Restore location.

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

SIGNED

PHONE NO. (303) 757-1110

NAME (PRINT) **Alan Merrill**TITLE **Operations Engineer**DATE **11/07/94**

(This space for Federal or State office use)

APPROVED

TITLE

DATE

11/28/94

CONDITIONS OF APPROVAL, IF ANY: