



00061984

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

| FOR OFFICE USE |    |    |    |
|----------------|----|----|----|
| ET             | FE | UC | SE |

**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. ☒ OIL WELL ☐ GAS WELL ☐ COALBED METHANE ☐ INJECTION WELL ☐ OTHER

5. FEDERAL/INDIAN OR STATE LEASE NO.

6. PERMIT NO.

81-535

2. NAME OF OPERATOR

Gerrity Oil &amp; Gas Corporation

3. ADDRESS OF OPERATOR

4100 E. Mississippi Ave., #1200

CITY

Denver

STATE

CO

ZIP CODE

80222

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 14 below.)

At surface

660' FSL &amp; 1980' FEL Sec. 19

At proposed production zone

same

7. API NO.

05-013-6056

8. WELL NAME

Sinkey

9. WELL NUMBER

#1-19

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:

- ☒ 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 5 - Well Completion or Recompletion Report and Log  
 for subsequent report of Multiple/Commingle Completions and  
 Recompletions

## 13C. NOTIFICATION OF:

- ☐ SHUT-IN/TEMPORARILY ABANDONES  
 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

Gerrity plans to test 1400' sand & if unsuccessful, plug and abandon this well with the following procedures:

1. MIRU service unit. TOH with tubing.
2. Set a CIBP @ 7900' and spot 2 sx. cement on top of plug.
3. Set a CIBP @ 7300' and spot 2 sx. cement on top of plug.
4. Perforate squeeze holes at 1450'. Establish circulation w/water and pump 250 cu. ft. of cement. WOC. Run CBL over cemented interval.
5. TIH w/tubing to 1200'. Swab well down to 1000'. TOH w/tubing. Perforate with 4" casing gun from 1365' to 1367' w/4 JSPF.
6. TIH w/tubing to 1350'. Swab test well.
7. If necessary, acidize with 500 gal. 7 1/2% MSR acid. Swab test well.

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:

IF TEST ZONE IS PRODUCTIVE SUBMIT FM 5, 10, & WELLBORE  
 DIAGRAM. IF NOT PRODUCTIVE SUBMIT ANY PERTINENT TEST DATA ON FM 4. SUBMIT CBL.  
 PROVIDE NOTICE OF OPERATION TO DAVE SHELTON AT 303-894-2100