



00052099

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

C

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.
811809

2. NAME OF OPERATOR

Gerrity Oil & Gas Corporation

3. ADDRESS OF OPERATOR

4100 E. Mississippi Ave., #1200

CITY STATE ZIP CODE
Denver CO 80222

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

At surface

660' FNL & 1980' FWL Sec. 10

At proposed production zone

12. COUNTY

Boulder

7. API NO.

05-013-06089-1

8. WELL NAME

Young

9. WELL NUMBER

#1-23

10. FIELD OR WILDCAT

Wattenberg

11. QTR. QTR. SEC. T.R. AND MERIDIAN

SENE 23-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 1/24-26/95

#10426

This well was plugged and abandoned as follows (cement verification attached):

100 sx. cement plug at 8006'

50 sx. cement plug at 5500'

50 sx. cement plug at 800'

25 sx. cement plug at Surface

Pipe was cut off 4' below ground level and plate welded on top.

Location will be restored to surface owners specifications.

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

SIGNED

James E. Klutho

PHONE NO. (303) 757-1110

NAME (PRINT) James E. Klutho

TITLE Reservoir Engineer

DATE 01/30/95

(This space for Federal or State office use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

2/28/95

SUBJECT TO FINAL OGCC SITE INSPECTION

DOWELL SCHLUMBERGER INCORPORATED

P.O. BOX 4378 HOUSTON, TEXAS 77210

03052101

OILFIELD SERVICES

Dowell Service Order Receipt & Invoice No.

Dowell Service Location Name and Number

1513 2890

Commerce City 1513

CUSTOMER'S
NAME

ADDRESS

CITY, STATE AND
ZIP CODE

Dowell will furnish and Customer shall purchase materials and services required in the performance of the following SERVICE INSTRUCTIONS in accordance with the general terms and conditions as printed on the reverse side of this service order and/or attached to this service order. This service order is subject to alternative dispute resolution.

Set 4 Plugs with Cement and Displace

IMPORTANT: SEE OTHER SIDE FOR TERMS & CONDITIONS

ARRIVE LOCATION	MO.	DAY	YR.	TIME
	1	24	95	1100

SERVICE ORDER I authorize work to begin per service instructions in accordance with terms and conditions printed on the reverse side of this form and/or attached to this form and represent that I have authority to accept and sign this order.

SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE

JOB COMPLETION

MO.	DAY	YR.	TIME
1	26	95	1000

SERVICE RECEIPT I certify that the materials and services listed were received and all services performed in a workmanlike manner.

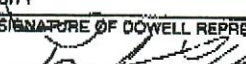
SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE

CUSTOMER NUMBER	CUSTOMER PO/CONTRACT NUMBER	TYPE SERVICE CODE	WORKOVER NEW WELL OTHER	W N O	AFE NUMBER
		295			
STATE	CODE	COUNTY/PARISH	CODE	CITY	
Co. 6		Boulder			
WELL NAME AND NUMBER/JOB SITE	LOCATION NAME AND NUMBER/OFFSHORE PLATFORM				
Young 1-23	Sec 23-1n-69W				
ACCOUNTING CODES	ROUND TRIP MILEAGE				
	52				

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
039200-002	Mileage on Pump	mi	26	2.80	72.80
102872-085	Pump charge	EA	1	3310.00	3310.00
049102-000	Delivery charge	T/m	122	.94	114.68
049100-000	Service charge	EA	100	1.28	128.00
039697-000	PAC	EA	1	150.00	150.00
040007-000	D-907 Cement	SK	225235	9.10	2047.50
049019-000	Additional Lr. 1/2" 55	P/Hr	4	56.00	224.00
049020-000	Additional Lr. 3/4" 55	P/Hr	7	300.00	2100.00
102476-000	Additional Lr. 55	P/Hr	6	50.00	300.00
102476-001	Additional Lr. ST-2	P/Hr	10	40.00	400.00
067005-100	Cc 1/2 S-1	Yb	50	.37	17.50

Field EST. 8866.48

SUB TOTAL

REMARKS:	LICENSE/REIMBURSEMENT FEE			
	LICENSE/REIMBURSEMENT FEE			
	STATE	% TAX ON \$		
	COUNTY	% TAX ON \$		
	CITY	% TAX ON \$		
SIGNATURE OF DOWELL REPRESENTATIVE			TOTAL \$	
				

CEMENTING SERV



DOWELL SCHLUMBERGER INCORPORATED

ATTNMENT NUMBER 2890		DATE 2-24-95
STAGE DS	DISTRICT Commerce City	

DS-496 PRINTED IN U

00052100

WELL NAME AND NO. Young 1-23		LOCATION (LEGAL) Sec 23-1n-69w		RIG NAME:	
FIELD-POOL Wattenberg		FORMATION 11		WELL DATA:	
COUNTY/PARISH Boulder		STATE Colo.		API. NO.	
NAME Gerrity		AND		TOTAL	
ADDRESS		ZIP CODE		MUD VISC.	
SPECIAL INSTRUCTIONS Set 4 Plug - with 6 cement and Displace					

IS CASING/TUBING SECURED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		LIFT PRESSURE		PRESSURE LIMIT	
Casing Weight - Surface Area (3.14 x R ²)		PSI		PSI	
ROTATE		RPM		RECIPROCATE	
FT		No. of Centralizers		SQUEEZE JOB	
Head & Plugs		TGB		D.P.	
Double		SIZE		2 1/8	
Single		WEIGHT		6.5	
Swage		GRADE		N80	
Knockoff		THREAD		8rd	
TOP OR OW		NEW		USED	
BOT OR OW		DEPTH		8006	

TIME	PRESSURE		VOLUME PUMPED BBL		JOB SCHEDULED FOR TIME: <u>1100</u> DATE: <u>1-24</u>			ARRIVE ON LOCATION TIME: <u>1100</u> DATE: <u>1-24</u>		LEFT LOCATION TIME: <u>1000</u> DATE: <u>1-26</u>	
	TBG OR D.P.	CASING	INCREMENT	CUM	INJECT RATE	FLUID TYPE	FLUID DENSITY	SERVICE LOG DETAIL			
0001 to 2400								PRE-JOB SAFETY MEETING			
1134	70		115	0	4	H ₂ O	8.3	Start water to fill Hole			
1150	0			115				Shut Down wait for water			
1345	90		10	125	5	H ₂ O	8.3	Start water			
1347	250		21	146	5	CMT	15.8	Start cement Plug at 8006' 100 sks			
1350	70		40	186	5	H ₂ O	8.3	Start Displacement			
1358	0			186				Shut Down			
1717	60		10	0	2.5	H ₂ O	8.3	Start water 1-25-95			
1721	800		8	10	4	CMT	15.8	Start cement Plug at 15,500' 50 sks			
1723	800		127	18		H ₂ O	8.3	Start Displacement			
1745				145				Shut Down Plug Pipe			
0720	0		70	0	3	H ₂ O	8.3	Start water			
0742	50		10	20	2.5	CMT	15.8	Start cement Plug at 8006' 50 sks			
0748	50			80		H ₂ O	8.3	Displacement			
0834	0			74				Shut Down Plug Pipe			
0740	0		8	0	1.5	H ₂ O	8.3	Start H ₂ O			
0744	0			8	1.5	CMT	15.8	Start cement Surf Plug 25 sks			
REMARKS	1	0		11				Shut Down			

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS				SLURRY MIXED	
							BBL/S	DENSITY
1.	225	1.15	G + 50B 3-1				46	15.8
2.								
3.								
4.								
5.								
6.								

BREAKDOWN FLUID TYPE		VOLUME		DENSITY	PRESSURE	MAX.	MIN.
<input type="checkbox"/> HESITATION SO.		<input type="checkbox"/> RUNNING SO.		CIRCULATION LOST	<input type="checkbox"/> YES <input type="checkbox"/> NO	Cement Circulated To Surf.	<input type="checkbox"/> YES <input type="checkbox"/> NO
BREAKDOWN		PSI	FINAL	PSI	DISPLACEMENT VOL	Bbls	
Washed Thru Pans		<input type="checkbox"/> YES <input type="checkbox"/> NO	TO	FT.	MEASURED DISPLACEMENT	<input type="checkbox"/> WIRELINE	
PERFORATIONS		TO	TO	CUSTOMER REPRESENTATIVE	OS	SUPERVISOR	
				Mike Griffin		Paul	