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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 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.
2. NAME OF OPERATOR MARTIN EXPLORATION MANAGEMENT CO.		6. PERMIT NO. 81-1809
3. ADDRESS OF OPERATOR 2300 CENTRAL AVENUE, SUITE A CITY: BOULDER STATE: CO ZIP CODE: 80301		7. API NO. 05-013-6089
4. LOCATION OF WELL (Report location clearly & in accordance with any State requirements) At surface: 660'FEL, 1980'FNL At proposed production zone:		8. WELL NAME YOUNG
		9. WELL NUMBER #1-23
		10. FIELD OR WILDCAT WATTENBERG
12. COUNTY BOULDER		11. QTR. QTR. SEC., T.R. AND MERIDIAN SENE 23-T1N-R69W

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

<p>13A. NOTICE OF INTENTION TO</p> <input 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 type="checkbox"/> OTHER: _____	<p>13B. SUBSEQUENT REPORT OF</p> <input type="checkbox"/> FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION & 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: <small>*Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingle Completions and Recompletions</small>	<p>13C. NOTIFICATION OF</p> <input type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONED DATE: _____ <small>(REQUIRED EVERY 6 MONTHS)</small> <input type="checkbox"/> PRODUCTION RESUMED DATE: _____ <input type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT) <input type="checkbox"/> WELL NAME CHANGE <input checked="" 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 _____

J-SAND PERMANENTLY LOST DUE TO MECHANICAL PROBLEMS
E/2NE (80)

RECEIVED

OCT 6 1992

COLO. OIL & GAS CONS. COMM.

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

SIGNED Elizabeth B. Lauer PHONE NO. (303) 447-8539
NAME (PRINT) ELIZABETH B. LAUER TITLE LANDMAN DATE 10/5/92

(This space for Federal or State office use)

APPROVED R. VanSickle TITLE Engr. DATE OCT 26 1992

CONDITIONS OF APPROVAL, IF ANY:

Submit sundry notice detailing work on J sand that resulted in loss of J, with breakdown of junk in hole, casing collapse etc, and method of abandoning J sand.