

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

FOR OFFICE USE			
<input checked="" type="checkbox"/> ET	<input type="checkbox"/> FE	<input type="checkbox"/> UC	<input type="checkbox"/> 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. <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.
2. NAME OF OPERATOR Gerrity Oil & Gas Corporation		6. PERMIT NO. 93-393
3. ADDRESS OF OPERATOR 4100 E. Mississippi Ave., #1200		7. API NO. 05-013-6325
CITY STATE ZIP CODE Denver CO 80222		8. WELL NAME Culver MC
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 14 below.) At surface 2333' FNL & 890' FWL Sec. 16		9. WELL NUMBER 16-12
At proposed production zone same		10. FIELD OR WILDCAT Wattenberg
12. COUNTY BOULDER		11. QTR. QTR. SEC., T.R. AND MERIDIAN NW SW Sec. 16-T1N-R69W

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

13A. NOTICE OF INTENTION TO:	13B. SUBSEQUENT REPORT OF:	13C. NOTIFICATION OF:
<input type="checkbox"/> PLUG AND ABANDON	<input type="checkbox"/> FINAL PLUG AND ABANDONMENT SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG)	<input type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONES DATE: (REQUIRED EVERY 6 MONTHS)
<input type="checkbox"/> MULTIPLE COMPLETION	<input type="checkbox"/> ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS)	<input type="checkbox"/> PRODUCTION RESUMED DATE:
<input type="checkbox"/> COMMINGLE ZONES	<input type="checkbox"/> REPAIRED WELL	<input checked="" type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT)
<input type="checkbox"/> FRACTURE TREAT	<input type="checkbox"/> OTHER *Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingled Completions and Recompletions	<input type="checkbox"/> WELL NAME CHANGE
<input type="checkbox"/> REPAIR WELL		<input type="checkbox"/> OTHER
<input type="checkbox"/> 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

Surface location changed do to surface obstruction to 2333' FNL & 890' FWL (ORIGINAL 1977' FSL & 668' FWL).

**Number of acres in lease is 320 instead of 160.
Lease description is T1N-R69W-16 (N/2 and other lands).**

*The objective formation should be Codell and Niobrara
Exception location requested, waivers attached*

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

SIGNED

Greg Wilcox

PHONE NO. (303) 757-1110

NAME (PRINT) **Greg Wilcox**

TITLE **Operations Engineer**

DATE **05/17/93**

(This space for Federal or State office use)

APPROVED

Susan McCannan

TITLE

Director

DATE

6-9-93

CONDITIONS OF APPROVAL, IF ANY:

