



OGCC FORM 4  
Rev. 8/89

STATE OF COLORADO  
OIL AND GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES

SUBMIT ORIGINAL AND 1 COPY



FOR OFFICE USE ONLY			
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**SUNDRY NOTICES AND REPORTS ON WELLS**

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

<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 Western Operating Company			6 PERMIT NO. 66-310	
3 ADDRESS OF OPERATOR 518 - 17th St., Suite 1680			7 API NO. 05-061-5144	
CITY STATE ZIP CODE Denver CO 80202			8 WELL NAME Harrison	
4 LOCATION OF WELL (Report location clearly and in accordance with any State requirements See also space 17 below.) At surface 660' FNL & 660' FEL of Sec. 9 At proposed prod. zone Same			9 WELL NUMBER No. 2	
12 COUNTY Kiowa			10 FIELD OR WILDCAT Brandon	
			11 QTR. QTR. SEC., T.R. AND MERIDIAN NENE Section 9 T19S-R45W	

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 reports of Multiple/Commungled Completions and Recompletions

13C. NOTIFICATION OF:

- ☐ SHUT-IN TEMPORARILY ABANDONED  
(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 June, 1996

Set CIBP @ 4450'. Spot 2 sxs cmt on top, load csg w/40 bbls wtr, spot 25 sxs @ 1500'. Perf 4 holes in 5½" @ 1300', set cmt retainer @ 1252' mix & pump 115 sxs cmt, leave 2 sxs on top of retainer. Perf 5½" @ 260, pmp 50 sxs cmt, 25 sxs out 5½" & 25 sxs inside 5½". Spot 5 sx plug @ sfc inside 9-5/8. Cut off 5½" & 9-5/8" csg 4' below ground. Cap w/3/8" plate. Pull deadman & backfill location.

EXHAUSTED  
OIL WELL

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

SIGNED Steven D. James TELEPHONE NO. (303) 893-2438  
NAME (PRINT) Steven D. James TITLE Vice President DATE 09/10/96

(This space for Federal or State office use)

APPROVED: [Signature] TITLE \_\_\_\_\_ DATE 9/19/96  
CONDITIONS OF APPROVAL, IF ANY: