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TATE OF COLORADO
CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

SUBMIT ORIGINAL AND 1 COPY

RECEIVED

AUG 13 1993

COLO. OIL & GAS CONS. COMM.

FOR OFFICE USE ONLY			
ET	FE	UC	SE

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.)

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. 13737
2. NAME OF OPERATOR J. M. Huber Corporation			6. PERMIT NO.
3. ADDRESS OF OPERATOR 7120 I-40 West, Suite 100			7. API NO. 05-061-05056
CITY Amarillo	STATE Texas	ZIP CODE 79106	8. WELL NAME Pyles
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL & 3300' FEL 1980' FWL			9. WELL NUMBER 1
At proposed prod. zone			10. FIELD OR WILDCAT Brandon
12. COUNTY Kiowa			11. QTR. QTR. SEC., T.R. AND MERIDIAN C SE SW Sec. 10-19S-45W

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/Commingle 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 7-22-93

Subject well was plugged in the following manner:

1. Free-point and cut off 2-7/8" tbg @ 1744'.
2. Set CIBP @ 1708' and topped w/10' cement. (Plug #1)
3. Perf'd sqz holes in 4-1/2" csg @ 1696-98'. Set cmt retainer @ 1348' and pumped 100 sx Class 'C' plug. (Plug #2)
4. Perf'd sqz holes in 4-1/2" csg @ 1150-52'. Unable to establish injection rate into sqz perms.
5. Perf'd sqz holes in 4-1/2" csg @ 1000-1002'. Set cmt retainer @ 907' and pumped 30 sx Class 'C' plug. (Plug #3)
6. Perf'd sqz holes in 4-1/2" csg @ 450-52'. While pulling csg slips, csg parted. Recovered 634' of 4-1/2" casing. RIH w/2-7/8" tbg to 499' and pumped 30 sx Class 'C' plug from 378-499'. (plug #4)

See over

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

SIGNED

Robert Cornelius

TELEPHONE NO. 806-353-9637

NAME (PRINT)

Robert Cornelius

TITLE

District Engineer

DATE

8-5-93

(This space for Federal or State office use)

APPROVED

TITLE

CONDITIONS OF APPROVAL, IF ANY:



00572378

DATE

11-29-93

2202 0120

7. Pulled tbg to 192' and pumped 115 sx Class 'C' plug from 5'-192'. (Plug #5) TOOH w/tbg.
8. Cut off 13-5/8" surf csg 5' BGL and welded steele plate w/well name and date plugged.

Note: 1. Spotted up between all plugs w/9.5 ppg mud
2. Plugging procedure approved by Morris Bell and Bob Van Sickle w/COGCC.

Colorado State Department of Public Health
CHEMICAL ANALYSIS--MUNICIPAL SUPPLY

MUNICIPALITY Kiowa County

DATE & TIME SAMPLE COLLECTED _____

TEMPERATURE OF SAMPLE AT COLLECTION _____

PH AT TIME OF COLLECTION PYLE #1

WHERE COLLECTED Brandon Oil Field

SOURCE OF SUPPLY--IF WELL GIVE DEPTH
Lansing - K.C. Formation

MAKE DETERMINATIONS: _____

COLLECTED BY Oil & Gas Cons. Comm.

Lab.--See reverse side for additional determinations
ES-Eng 14 (5-65-50)

892-3531

Jim McKee