

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

SUBMIT ORIGINAL AND 1 COPY



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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.)

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 CITY STATE ZIP CODE Amarillo TX 79106		7. API NO. 05-061-05056
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 At proposed prod. zone		8. WELL NAME Pyles
12. COUNTY Kiowa		9. WELL NUMBER 1
		10. FIELD OR WILDCAT Brandon
		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

VP

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 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. See attachment.

15. DATE OF WORK June 21, 1993 (Estimate)

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

SIGNED

Robert L. Cornelius

TELEPHONE NO. (806) 353-9837

NAME (PRINT) Robert L. Cornelius TITLE District Engineer DATE 6-7-93

(This space for Federal or State office use)

APPROVED

JL

TITLE

DATE

6-16-93

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
JUN 10 1993
GASCONS.COMM