

OGCC FORM 4
Rev 8/90STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

SUBMIT ORIGINAL AND 1 COPY



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. ☒ OIL WELL ☐ GAS WELL ☐ COALBED METHANE ☐ INJECTION WELL ☐ OTHER

2. NAME OF OPERATOR

J. M. Huber Corporation

3. ADDRESS OF OPERATOR

7120 I-40 West, Suite 200

CITY STATE ZIP CODE

Amarillo TX 79106

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)As surface
660' FSL & 3300' FEL
As proposed prod. zoneBEST IMAGE
AVAILABLE

17. COUNTY

KIOWA

5. FEDERAL, INDIAN OR STATE LEASE NO.

13737

6. PERMIT NO.

7. API NO.

05-061-05056

8. WELL NAME

Pyles

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
☐ COMMINGLED 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 3 - Well Completion or Recompletion Report and Log
for subsequent report of Multiple/Commingled Completion
and Recompletion

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 (806) 353-9837

NAME (PRINT)

Robert L. Cornelius

TITLE

District Engineer

DATE

6-7-93

(This space for Federal or State office use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY.

Moi Bell

TITLE

Dr. Prof. Engr.

DATE

6/23/93