

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 67-243
3 ADDRESS OF OPERATOR 518 - 17th Street, Suite 1680			7 API NO 05-061-6011
CITY Denver	STATE CO	ZIP CODE 80202	8 WELL NAME Harrison
4 LOCATION OF WELL (Report location clearly and in accordance with any State requirements. Set also space 17 below.) At surface 1980' FEL & 660' FNL of Sec. 9			9 WELL NUMBER No. 3
At proposed prod zone Same			10 FIELD OR WILDCAT Brandon
12 COUNTY Kiowa			11 QTR QTR SEC. T.R. AND MERIDIAN SWNE Section 9 T19S-R45W

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

13A. NOTICE OF INTENTION TO: <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> COMMINGLE ZONES <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> OTHER _____	13B. SUBSEQUENT REPORT OF: <input type="checkbox"/> FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG) <input type="checkbox"/> ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS) <input type="checkbox"/> REPAIRED WELL <input type="checkbox"/> OTHER <small>*Use Form 5 - Well Completion or Recompletion Report and Log for subsequent reports of Multiple/Commungled Completions and Recompletions</small>	13C. NOTIFICATION OF: <input type="checkbox"/> SHUT-IN TEMPORARILY ABANDONED (DATE _____) (REQUIRED EVERY 6 MONTHS) <input type="checkbox"/> PRODUCTION RESUMED (DATE _____) <input type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT) <input type="checkbox"/> WELL NAME CHANGE <input type="checkbox"/> OTHER _____
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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 Third (3rd) Quarter, 1996

1. Freepoint & back off stuck 2-7/8" tbg. If backoff is below 4200'. Set CIBP above backoff w/2 sx cement spotted on top of CIBP. If backoff is above 4200', set cement retainer on top of backoff. Squeeze 100 sx cement through retainer. Spot 2 sx on top of retainer. Fill hole w/water. If hole doesn't load spot 10 sx plug @ 1500'±. Let cement set up. Load hole w/water.
2. Perf 4 holes in csg @ 1300'±. Set cement retainer @ 1250'±. Squeeze 113 sx cement through retainer. Spt 2 sx on top of retainer.
3. Perf 4 holes in csg @ 205'±²²⁵ Pump 25 sx cement out of 5-1/2 csg & 25 sx inside csg.
4. Set 10 sx plug @ surface. Put 5 sx in 8-5/8" & 5 sx in 5-1/2" csg. Cut off 8-5/8" & 5-1/2" csg - 4' below ground level. Weld on 1/4" or thicker cap that reads - Harrison #3 - SWNE Sec. 9-T19S-R45W.
5. Reclaim location.

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 March 29, 1996

(This space for Federal or State office use)

APPROVED *[Signature]* TITLE _____ DATE 4/3/96

CONDITIONS OF APPROVAL, IF ANY:

PROVIDE 24 HR NOTICE OF MURU TO BOB VAN SICKLE 719-336-2843