



00573013

OGCC FORM #  
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 type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input checked="" type="checkbox"/> OTHER		5 FEDERAL INDIAN OR STATE LEASE NO.
3 NAME OF OPERATOR WESTERN OPERATING COMPANY		6 PERMIT NO. 65-339
3 ADDRESS OF OPERATOR 518 - 17TH ST., SUITE 1680		7 API NO. 05-061-050570
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 13 below.) At surface 1980' FSL & 660' FEL OF SEC. 9		9 WELL NUMBER NO. 1
At proposed prod zone SAME		10 FIELD OR WILDCAT BRANDON
12 COUNTY KIOWA		11 QTR. QTR. SEC., T.R. AND MERIDIAN NE/4 SE/4 SEC. 9 T19S-R45W ✓

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

<b>13A. NOTICE OF INTENTION TO:</b> <input checked="" type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> MULTIPLE COMPLETION COMMINGLE ZONES <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> OTHER _____ 	<b>13B. SUBSEQUENT REPORT OF:</b> <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>	<b>13C. NOTIFICATION OF:</b> <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 \_\_\_\_\_
- (a) Try to fish parted rods left in hole 4/18/89 @ 1820'.  
(b) Set cmt retainer @ 1820' or deeper if can be run deeper.
  - Squeeze 200 sxs cmt through cmt retainer. Spot 2 sxs on top of retainer.
  - Spot 10 sx plug in 5-1/2" csg @ 1300'±. Let cmt set up. Load csg w/water.
  - Perf 4 holes in 5-1/2" csg @ 1200' ±. Set cmt retainer @ 1150'. Pmp 115 sxs cmt through retainer. Spot 2 sxs on top of retainer.
  - Perf 4 holes in 5-1/2" csg @ <sup>250'</sup> 241'±. Pmp 50 sx plug, 25 sx out 5-1/2" & 25 sxs inside 5-1/2" csg.
  - Set 10 sx plug @ sfc. Put 5 sxs in 8-5/8" & 5 sxs in 5-1/2" csg. Cut 8-5/8" & 5-1/2" csg 4' + below ground level. Weld on 3/8" thick cap that reads: Harrison #1, NE SE Sec. 9-T19S-R45W.
  - 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 \_\_\_\_\_  
 (This space for Federal or State office use)

APPROVED \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 8/26/90  
 CONDITIONS OF APPROVAL IF ANY: PROVIDE 24 HR NOTICE OF MIRR TO BOB VAN SICKLE 719-336-2843