

OGCC FORM 4
Rev. 8/89STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

00229555

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.)

☒ OIL WELL ☐ GAS WELL ☐ COALBED METHANE ☐ INJECTION WELL ☐ OTHER
1 NAME OF OPERATOR
PONCHO PRODUCTION COMPANY2 ADDRESS OF OPERATOR
8939 PEARL ST. #1521CITY STATE ZIP CODE
THORNTON, CO 80229

4 LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)

At surface **670 FNL, 1966 FNL**At proposed prod zone **SAME**

3 FEDERAL INDIAN OR STATE LEASE NO

6 PERMIT NO

7 API NO

05-121-05682

8 WELL NAME

Jolly "D"

9 WELL NUMBER

3

10 FIELD OR WILDCAT

RAMP

12 COUNTY

WASHINGTON

11 QTR QTR SEC TR AND MERIDIAN

NENW 8-35-55W

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 report of Multiple/Commungled 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 **EST. JULY 10, 1996****SET CIBP + ZSK @ 4,860 FT.****CUT AND PULL 4 1/2" CSG.****PLACE 35 SX 1/2 IN, 1/2 OUT OF SURFACE CASING FROM 310 FT. UP.****PLACE 55x IN TOP OF 7" CSG.****OR****PERFORM 4 1/2" CSG AT 310 FT, CIRCULATE AND PUMP 35 SX BALANCED PLUG FROM 310 - 200 FT.****PLACE 55x IN TOP OF 4 1/2" CSG AND 4 1/2" x 7" ANNULUS.****CUT CSG(S) 4 FT BELOW GRADE, WELD ON PLATE AND RESTORE LOCATION.**

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

SIGNED

TELEPHONE NO. **303-650-1586**NAME (PRINT) **ROBERT L. VACLAVIK** TITLE **PRESIDENT**DATE **6/28/96**

(This space for Federal or State office use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

7/1/96