



00229553

OGCC FORM 4
Rev 8/89

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

SUBMIT ORIGINAL AND 1 COPY



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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.
2. NAME OF OPERATOR <u>PONCHO PRODUCTION COMPANY</u>		6. PERMIT NO.
3. ADDRESS OF OPERATOR <u>8939 PEARL ST. #1521</u>		7. API NO. <u>05-121-05682</u>
CITY STATE ZIP CODE <u>THORNTON, CO 80229</u>		8. WELL NAME <u>JOLLY "D"</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>670 FNL, 1966 FNL</u>		9. WELL NUMBER <u>3</u>
At proposed prod. zone <u>SAME</u>		10. FIELD OR WILDCAT <u>RAMP</u>
12. COUNTY <u>WASHINGTON</u>		11. QTR. QTR. SEC., T.R. AND MERIDIAN <u>NE NW 8-35-55W</u>

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/Commingled 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. OCTOBER 1, 1996

REQUEST EXTENSION OF TIME TO PLUG AND ABANDON WELL OR RETURN TO PRODUCTION TO OCTOBER 1, 1996 FROM JULY 26, 1996.

I apologize for the delay in returning this approved form. well has been PA but for the record, here is your copy.

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

SIGNED *Robert L. Vaclavik* TELEPHONE NO. 303-650-1580

NAME (PRINT) ROBERT L. VACLAVIK TITLE PRESIDENT DATE 7/26/96

(This space for Federal or State office use)

APPROVED *Jackie Hole* TITLE EA DATE 4-24-97

CONDITIONS OF APPROVAL, IF ANY:

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
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<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 PONCHO PRODUCTION COMPANY		6 PERMIT NO
3 ADDRESS OF OPERATOR 8939 PEARL ST. #1521		7 API NO 05-121-0568Z
CITY THORNTON	STATE CO	8 WELL NAME JOLLY "D"
ZIP CODE 80729		9 WELL NUMBER 3
4 LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 670 FNL, 1966 FWL		10 FIELD OR WILKAT RAMP
At proposed production SAME		11 QTR. QTR. SEC. T.R. AND MERIDIAN NE NW 8-35-55W
12 COUNTY WASHINGTON		

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

13A. NOTICE OF INTENTION TO: <input checked="" 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 Commingled 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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