



121-05667

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OCT 28 1985

DEPARTMENT OF NATURAL RESOURCES OF THE STATE OF COLORADO

File in duplicate for Patented and Federal lands. File in triplicate for State lands.

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 [X] GAS WELL [ ] OTHER [ ]
2. NAME OF OPERATOR Conoco Inc.
3. ADDRESS OF OPERATOR 907 N. Poplar Casper, Wyoming 82601
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1,980' FNL & 1,980' FWL (SE/NW) At proposed prod. zone
14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4,692' GR
12. COUNTY Washington
13. STATE Colorado

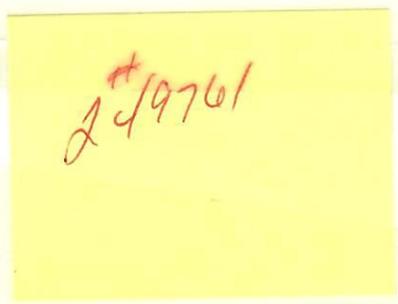
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO: TEST WATER SHUT-OFF [ ], FRACTURE TREAT [ ], SHOOT OR ACIDIZE [ ], REPAIR WELL [ ], (Other) [ ]
PULL OR ALTER CASING [ ], MULTIPLE COMPLETE [ ], ABANDON [ ], CHANGE PLANS [ ]
SUBSEQUENT REPORT OF: WATER SHUT-OFF [ ], FRACTURE TREATMENT [ ], SHOOTING OR ACIDIZING [ ], (Other) [ ]
REPAIRING WELL [ ], ALTERING CASING [ ], ABANDONMENT [X]

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (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 to this work.)

Date of work 10-17-85

The subject well was plugged and abandoned. The work was performed as follows:

- Pulled out of hole with production equipment.
- Spotted 25 sacks Class "G" cement from PBDT to 4,890'.
- Pushed inverted 5 1/2" swab cups to 160' and dumped 20 sacks Class "G" cement into cups.
- Cut 10 3/4" casing 6' below surface.
- Spotted 20 sacks cement in annulus.
- Welded 10 3/4" plate on casing stub.
- Erected regulation abandonment marker.



EXHAUSTED OIL WELL

18. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE Administrative Supervisor DATE October 24, 1985

(This space for Federal or State office use)
APPROVED BY [Signature] TITLE DIRECTOR O & G Cons. Comm. DATE NOV 08 1985

CONDITIONS OF APPROVAL, IF ANY:
COGCC(3)
BLM-Canon City(2)
Well File (SCE)

