

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.)

OIL WELL GAS WELL COALBED METHANE INJECTION WELL OTHER

2 NAME OF OPERATOR
H-R Well Services Inc.
3 ADDRESS OF OPERATOR
17509 CRY Rd 14
CITY STATE ZIP CODE
Fort Morgan CO 80701

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



5 FEDERAL INDIAN OR STATE LEASE NO
6 PERMIT NO
7 API NO
05-121-5513
8 WELL NAME
WTFU#7
9 WELL NUMBER
7
10 FIELD OR WILDCAT
WEST FORK
11 QTR. QTR. SEC., T.R. AND MERIDIAN
SW/NE 19-35-55W
12 COUNTY
WASHINGTON

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 reports 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 9-20-96

- 1) SECIBP @ 4900 + 2 SKS
- 2) PULL 5 1/2" CASING FROM ~ 3000'
- 3) PUMP 40 SKS CEMENT @ BASE OF 9 5/8" @ 196' - CAT 240' UP
- 4) SET 10 SK SURF. PLUG
- 5) CUT OFF 4' BELOW G.L. T WELD ON CAS.
- 6) RESTORE SURFACE LOCATION

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

SIGNED Frank Hutz TELEPHONE NO. 654-1600

NAME (PRINT) FRANK HUTZ TITLE su DATE 9-18-96

(This space for Federal or State office use)

APPROVED [Signature] TITLE _____ DATE 9/18/96
CONDITIONS OF APPROVAL, IF ANY: _____

