



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

SUBMIT ORIGINAL AND 1 COPY



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13-57-10

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 type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input checked="" type="checkbox"/> INJECTION WELL <input type="checkbox"/> OTHER		5. FEDERAL/INDIAN OR STATE LEASE NO.
2. NAME OF OPERATOR <u>Brandly Oilman Consultants, Inc.</u>		6. PERMIT NO.
3. ADDRESS OF OPERATOR <u>1333 W. 120th Avenue, Suite #306</u>		7. API NO.
CITY <u>Denver</u>	STATE <u>CO</u>	8. WELL NAME <u>Dune Ridge Unit</u>
ZIP CODE <u>80234</u>		9. WELL NUMBER <u>#6 - WI</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>SWSE SEC. 32-7N-52W</u>		10. FIELD OR WILDCAT <u>Dune Ridge</u>
At proposed prod. zone <u>SAME</u>		11. QTR. QTR. SEC., T.R. AND MERIDIAN <u>SWSE 32-7N-52W</u>
12. COUNTY <u>LOGAN</u>		

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

13A. NOTICE OF INTENTION TO: <input 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 checked="" 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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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 7/25/89

Pump 25 sx cement down casing. Squeezed 10 sx into perfs. Top of cement plug @ 4275'. Pumped 25 sx cement into braden head. Displaced with 3 bbl. water to set plug in and out of surface casing from 75' to 315'. Set 10 sx cement plug @ surface of long string. Cut off 4' below ground level. Welded on cap.

RECEIVED

NOV 29 1989

COLO. OIL & GAS CONS. COMM.

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

SIGNED *Larry Brandly* TELEPHONE NO. (303) 451-7766

NAME (PRINT) Larry Brandly TITLE President DATE 11-28-89

(This space for Federal or State office use)

APPROVED *Stephen Pott* TITLE Sen Engr DATE 12/15/89

CONDITIONS OF APPROVAL, IF ANY: _____

15-075-05200 ✓