



OGCC FORM 4  
Rev. 8/89

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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<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		5. FEDERAL/INDIAN OR STATE LEASE NO.
1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input checked="" type="checkbox"/> OTHER		6. PERMIT NO.
2. NAME OF OPERATOR <b>Arlian, Inc.</b>		7. API NO. <b>05-075-0571 05471</b>
3. ADDRESS OF OPERATOR <b>1801 Broadway, Suite 400</b> CITY STATE ZIP CODE <b>Denver, Colorado 80202</b>		8. WELL NAME <b>Thornton</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <b>SE/4SE/4</b> At proposed prod. zone <b>SE/4SE/4</b>		9. WELL NUMBER <b>2</b>
12. COUNTY <b>Logan</b>		10. FIELD OR WILDCAT <b>Pawnee</b>
		11. QTR. QTR. SEC., T.R. AND MERIDIAN <b>3-7N-54W</b>

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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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)

**July 20, 1994**

15. DATE OF WORK \_\_\_\_\_

Set CIBP at 4,500' and set 2 sacks cement.  
 Cut casing at 4,050', cement top 4,200'.  
 Set 35 sacks of cement half/in and half/out of the surface (112').  
 Set 10 sacks of cement at surface pipe.  
 Cut wellhead off 4' below surface, welded on plate.  
 Removed deadmen, backfilled pits, cleaned up location.

*Circulate hole clean, set 40 ex balanced plug on top of stub.*

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

SIGNED *Alvin R. Arlian* TELEPHONE NO. **292-4051**  
 NAME (PRINT) **Alvin R. (Al) Arlian** TITLE **Operator** DATE **7-05-94**

(This space for Federal or State office use)  
 APPROVED *R. Vansickle* TITLE *Engr.* DATE **JUL 11 1994**  
 CONDITIONS OF APPROVAL, IF ANY: