

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

SUBMIT ORIGINAL AND 1 COPY



| FOR OFFICE USE ONLY | | | |
|---------------------|----|----|----|
| ET | FE | UC | SE |

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 type="checkbox"/> INJECTION WELL <input checked="" type="checkbox"/> OTHER | | 5. FEDERAL/INDIAN OR STATE LEASE NO. |
| 2. NAME OF OPERATOR Arlan, Inc. | | 6. PERMIT NO. |
| 3. ADDRESS OF OPERATOR 1801 Broadway, Suite 400 CITY STATE ZIP CODE | | 7. API NO. 05-075-05471 |
| 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 SE/4SE/4 | | 8. WELL NAME Thornton |
| 12. COUNTY Logan | | 9. WELL NUMBER 2 |
| 10. FIELD OR WILDCAT Pawnee | | 11. QTR. QTR. SEC., T.R. AND MERIDIAN 3-7N-54W |



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

| | | |
|--|---|---|
| <p>13A. NOTICE OF INTENTION TO:</p> <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 _____ | <p>13B. SUBSEQUENT REPORT OF:</p> <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 checked="" type="checkbox"/> OTHER <small>*Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingled Completions and Recompletions</small> | <p>13C. NOTIFICATION OF:</p> <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 _____ |
|--|---|---|

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 March 18, 1995

3-18-95 Left name and address w/ surface owner's wife.
 4-3-95 Leslie Sessions harrowed wellsite smooth, harrowed in Dryland Pasture Mix Grass, picked up and hauled home steel post and rolled barbed wired left for surface owner.
 Leslie Sessions could not reseed tank battery.
 The tanks and skim pit on this well were located about 20' to 25' up on a hillside next to the county road. However, the fresh water evaporation pits were located in the adjacent pasture. Currently irrigation and canal water is preventing smoothing out windrows left by the bull dozer. Surface owner is to call us when we can smooth this area and reseed.

Sundry Notice to be filed when seeding completed.

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

SIGNED Michael B. Segura TELEPHONE NO. 292-4051

NAME (PRINT) Michael B. Segura TITLE Landman DATE 4/10/95

(This space for Federal or State office use)

APPROVED RK Dixon TITLE SR. PETROLEUM ENGINEER DATE NOV 24 1995
 O & G Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY:

