



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.)

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
660 PSL 660 FEL SE/4SE/4		9. WELL NUMBER 2
12. COUNTY Logan		10. FIELD OR WILDCAT Pawnee
		11. QTR. QTR. SEC., T.R. AND MERIDIAN 3-7N-54W

RECEIVED
OCT - 5 1994
COLO. OIL & GAS CONS. COMM.

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 report 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 September 13, 1994

Set CIBP at 4,500' and set 2 sacks cement.
Loaded the hole.
No stretch in pipe, called Dave Sheldon for verbal orders.
Ran freepoint and cut casing at 205'.
Pumped Plug from 300' to surface.
Set 10 sacks of cement at surface pipe.
Cut wellhead off 4' below surface, welded on plate.
Removed deadmen, backfilled the hole, cleaned up location.
Sucked out skim pit, waiting for water pits to dry to backfill and clean up tank battery.

(Well site in hay field, tank battery on hill side out of field)

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 10/4/94

(This space for Federal or State office use)

APPROVED *D K [Signature]* TITLE SR. PETROLEUM ENGINEER DATE OCT 25 1994
O & G Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY: