

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

FOR OFFICE USE				
ET	FE	UC	SE	SR
DEPARTMENT OF NATURAL RESOURCES				

File in duplicate for Patented and Federal lands.  
File in triplicate for State lands.

**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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION & SERIAL NO.	
2. NAME OF OPERATOR Brandly Oilman Consultants, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1333 West 120th Ave., #306, Westminster, CO 80234		7. UNIT AGREEMENT NAME	
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 SW/SE Sec 32-7N-52W Same		8. FARM OR LEASE NAME Dune Ridge	
14. PERMIT NO. Unable to locate		9. WELL NO. 4R-WI	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT Dune Ridge	
		11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA 32-7N-52W	
		12. COUNTY Logan	13. STATE COLO.

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (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 to this work.)

18. Date of work As soon as possible. \* Must be accompanied by a cement verification report.

To plug and abandon the above well. Shoot off and pull casing at abpvt 3800 feet/  
Cpver perforations with sand. Set 5 sx. plug on sand. Set 20<sup>25</sup> sx. plug in and out of  
surface casing. Set 5 sx. plug at surface. Cut off and weld cap on surface. Donnelly  
Casing Pulling to do the work.

or: Cover perforations with sand. Set 5 sx. plug on sand. Set 15 sx. plug at surface.  
Cut off and weld cap on surface.

RECEIVED  
NOV 29 1989

NOV 13 1989

RECEIVED

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MAY 6 5 1989

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

PRINT Larry Brandly



00220253

SIGNED Larry Brandly TITLE President

DATE April 24, 1989

(This space for Federal or State office use)

APPROVED BY [Signature]  
CONDITIONS OF APPROVAL, IF ANY:

TITLE SUPR. PETROLEUM ENGINEER

DATE 5/15/89

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