

STATE OF COLORADO
GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

SUBMIT ORIGINAL AND 1 COPY

RECEIVED

OCT 4 - 1993

COLD OIL & GAS CONS. COMM.

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.)

<input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input type="checkbox"/> OTHER			5. FEDERAL/INDIAN OR STATE LEASE NO.	
2. NAME OF OPERATOR Barrett Resources Corporation			6. PERMIT NO. 84-806	
3. ADDRESS OF OPERATOR 2456 E. 13th			7. API NO. 05-009-6416	
CITY STATE ZIP CODE Loveland Co 80537			8. WELL NAME Hancock	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 600' FNL 1700' FWL			9. WELL NUMBER #1 (4-13) = (C)	
At proposed prod. zone same			10. FIELD OR WILDCAT Northwest Flank	
12. COUNTY Baca			11. QTR. QTR. SEC., T.R. AND MERIDIAN NENW 13-T33S-R44W	

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 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/Commingle 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
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		

Well was plugged & abandoned - all equipment has now been removed & location restored.

EXHAUSTED
GAS WELL

16. I hereby certify that the foregoing is true and correct			
SIGNED <u>Kent Evers</u>		TELEPHONE NO. <u>303-669-2211</u>	
NAME (PRINT) <u>Kent Evers</u>		TITLE <u>Production Foreman</u>	
		DATE <u>9-30-93</u>	
(This space for Federal or State office use)			
APPROVED <u>Garry Miller</u>		TITLE <u>Engineer</u>	
CONDITIONS OF APPROVAL, IF ANY:		DATE <u>4.4.94</u>	