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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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UNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or plug back to a different reservoir
or "APPLICATION FOR PERMIT—" for such proposals.)

3 FEDERAL INDIAN OR STATE LEASE NO.

State 73-4494-5

OIL WELL GAS WELL COALBED METHANE INJECTION WELL OTHER

6 PERMIT NO.

NAME OF OPERATOR
Energy Alliance Company, Inc.

7 API NO.

ADDRESS OF OPERATOR
P.O. Box 4461

8 WELL NAME
WECO State

CITY STATE ZIP CODE
Englewood CO 80155

9 WELL NUMBER
1-16

LOCATION OF WELL (Report location clearly and in accordance with any State requirements
see also space 17 below.)

11 surface 3939'

10 FIELD OR WILDCAT
Walsh

12 proposed prod zone

12 COUNTY
Baca

11 QTR QTR SEC. T.R. AND MERIDIAN
c NW Sec. 16, T33S, R43W

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

1. NOTICE OF INTENTION TO:

- PLUG AND ABANDON
- MULTIPLE COMPLETION
- COMMINGLE ZONES
- FRACTURE TREAT
- REPAIR WELL
- OTHER

re-entry of plugged well - Sundry notice attached.

13B. SUBSEQUENT REPORT OF:

- FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG)
- ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS)
- REPAIRED WELL
- OTHER

*Use Form 3 - Well Completion or Recompletion Report and Log for subsequent reports of Multiple/Commingled Completions and Recompletions

13C. NOTIFICATION OF:

- SHUT-IN TEMPORARILY ABANDONED (DATE _____) (REQUIRED EVERY 6 MONTHS)
- PRODUCTION RESUMED (DATE _____)
- LOCATION CHANGE (SUBMIT NEW PLAT)
- WELL NAME CHANGE
- OTHER _____

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)

12/14/95

DATE OF WORK

Re-enter plugged well, drill out plugs as described in original Sundry notice of plugging (attached). Re-perforate, acidize, and swab back.

I hereby certify that the foregoing is true and correct

SIGNED TELEPHONE NO. (303) 773-1360

NAME (PRINT) Richard W. Wightman TITLE President

DATE 12/14/95

This space for Federal or State office use)

APPROVED _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY.