



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.)

<input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input type="checkbox"/> OTHER		5 FEDERAL, INDIAN OR STATE LEASE NO.
1 NAME OF OPERATOR WESTERN OIL CORPORATION		6. PERMIT NO. 90 1158
3 ADDRESS OF OPERATOR P.O. BOX 281304 CITY STATE ZIP CODE LAKEWOOD CO 80215		7. API NO. 05 071 6173
4 LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 635' FNL & 1760' FWL At proposed prod. zone 635' FNL & 1760' FWL		8 WELL NAME PICKETWIRE
12 COUNTY LAS ANIMAS		9. WELL NUMBER 29-3
		10. FIELD OR WILDCAT APACHE CANYON
		11. QTR. QTR. SEC., T.R. AND MERIDIAN NE 1/4 NW 1/4 SEC 29 T33S, R67W, 6thPM

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 checked="" type="checkbox"/> OTHER WELL STATUS <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 2/91-Present  
 02/26/91 Drld cmt & rettainen; Successfully pressure test to 500 psi.  
 04/03/91 WO further completion.

**RECEIVED**

APR 8 1991

COLO. OIL & GAS CONS. COMM.

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

SIGNED *Dana K. Greathouse* TELEPHONE NO. 303/980-9340

NAME (PRINT) Dana K. Greathouse TITLE Engineering Technician DATE 4/3/91

(This space for Federal or State office use)

APPROVED *[Signature]* TITLE **APPROVED** DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: