

00063753

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 checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input type="checkbox"/> OTHER		3 FEDERAL INDIAN OR STATE LEASE NO.  46531
1 NAME OF OPERATOR Twin Arrow, Inc.		6 PERMIT NO. 66-488
2 ADDRESS OF OPERATOR P.O. Box 948		7 API NO. 0510306375
CITY STATE ZIP CODE Rangely Co 81648		8 WELL NAME Tranco borth
4 LOCATION OF WELL (Report location clearly and in accordance with any State requirements See also space 17 below) At surface 200 FEL 2165 FSL		9 WELL NUMBER 4
12 COUNTY Rio Blanco		10 FIELD OR WILDCAT Rangely
		11 QTR QTR SEC. QTR. AND MERIDIAN NESE 12-1N-102W-6th PM

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

## 13A. NOTICE OF INTENTION TO:

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

## 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/Commingle 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

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 \_\_\_\_\_

Change name from Government 4 to  
Tranco 4.

RECEIVED

OCT 7 - 1993

CULV. OIL &amp; GAS CONSV. COMM.

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

SIGNED

Linda Gorden

TELEPHONE NO.

675-8226

NAME (PRINT)

Linda Gorden

TITLE

Office Manager

DATE

10/5/93

(This space for Federal or State office use)

APPROVED

TITLE

APPROVED

DATE

3-22-94

CONDITIONS OF APPROVAL, IF ANY: