



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.)

5 FEDERAL INDIAN OR STATE LEASE NO

46531

6 PERMIT NO

66-488

OIL WELL    GAS WELL    COALBED METHANE    INJECTION WELL    OTHER

7 API NO

0510306375

8 NAME OF OPERATOR

Twin Arrow, Inc.

8 WELL NAME

Tranco Govt.

9 ADDRESS OF OPERATOR

P.O. Box 948

9 WELL NUMBER

4

CITY STATE ZIP CODE  
Rangely Co 81648

10 FIELD OR WILDCAT

Rangely

11 LOCATION OF WELL (Report location clearly and in accordance with any State requirements)

See also space 17 below  
At surface 200 FEL 2165 FSL

12 COUNTY

Rio Blanco

11 QTR QTR SEC. COR. 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/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 \_\_\_\_\_

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. DIV. OF OIL & 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