

RECEIVED

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

SEP 12 1990



00587199

SUBMIT ORIGINAL AND 1 COPY

FOR OFFICE USE ONLY			
BT	FE	UC	SE

OIL & GAS CONS. COMM.

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.)

1. <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		5. FEDERAL/INDIAN OR STATE LEASE NO. N/A
2. NAME OF OPERATOR <u>Lewis & Clark Exploration Company</u>		6. PERMIT NO. 821309
3. ADDRESS OF OPERATOR <u>1660 Lincoln St. Ste. 1630</u> CITY STATE ZIP CODE		7. API NO. 05-017-06352
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>660' FEL, 1980' FSL</u>		8. WELL NAME <u>Weber</u>
At proposed prod. zone		9. WELL NUMBER 9-9
12. COUNTY <u>Cheyenne</u>		10. FIELD OR WILDCAT <u>Dust Bowl</u>
		11. QTR. QTR. SEC., T.R. AND MERIDIAN <u>NE/4 SE/4 Sec. 9</u> <u>T16S-R46W</u>

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

<p>13A. NOTICE OF INTENTION TO:</p> <p><input type="checkbox"/> PLUG AND ABANDON</p> <p><input type="checkbox"/> MULTIPLE COMPLETION</p> <p><input type="checkbox"/> COMMINGLE ZONES</p> <p><input type="checkbox"/> FRACTURE TREAT</p> <p><input type="checkbox"/> REPAIR WELL</p> <p><input type="checkbox"/> OTHER _____</p>	<p>13B. SUBSEQUENT REPORT OF:</p> <p><input type="checkbox"/> FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG)</p> <p><input type="checkbox"/> ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS)</p> <p><input type="checkbox"/> REPAIRED WELL</p> <p><input type="checkbox"/> OTHER _____</p> <p><small>*Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingle Completions and Recompletions</small></p>	<p>13C. NOTIFICATION OF:</p> <p><input checked="" type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONED (DATE <u>1983</u>) (REQUIRED EVERY 6 MONTHS)</p> <p><input type="checkbox"/> PRODUCTION RESUMED (DATE _____)</p> <p><input type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT)</p> <p><input type="checkbox"/> WELL NAME CHANGE</p> <p><input type="checkbox"/> OTHER _____</p>
---	--	---

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 _____

Intend to convert to water disposal well when additional water disposal arrangements are completed covering current developments in the Sec 18, T16S-R45W UPR discovery area by Grouse Water Disposal Company.

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

SIGNED Donald R. Hembre TELEPHONE NO. (303) 894-9805

NAME (PRINT) Donald R. Hembre TITLE President DATE 9.11.90

(This space for Federal or State office use)

APPROVED Dennis R. Bicknell TITLE DIRECTOR DATE SEP 14 1990
O & G Cons. Comm.

STATUS REPORT REQUIRED EVERY 6-MONTHS ON SHUT-IN & TEMPORARILY ABANDONED WELLS.