

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.)

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.
2. NAME OF OPERATOR Lewis & Clark Exploration Co.		6. PERMIT NO. 821309
3. ADDRESS OF OPERATOR 1660 Lincoln St, Ste 1630 CITY STATE ZIP CODE Denver, CO 80264		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 1980' FNL, 660' FEL At proposed prod. zone Same		8. WELL NAME Weber
		9. WELL NUMBER 9-9
		10. FIELD OR WILDCAT Dust Bowl
12. COUNTY Cheyenne		11. QTR. QTR. SEC., T.R. AND MERIDIAN NESE 9, T16S-R46W 6th P.M.

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 type="checkbox"/> OTHER <small>*Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingle Completions and Recompletions</small>	13C. NOTIFICATION OF: <input checked="" type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONED (DATE 12.31.91) (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

Pending surface owners agreement, well will be converted to a water disposal injection well facility.

RECEIVED

DEC 31 1991

COLO. OIL & GAS CONS. COMM.

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 12.30.91

(This space for Federal or State Office use)

APPROVED [Signature] TITLE DATE 1-17-92

CONDITIONS OF APPROVAL, IF ANY:

MIT PRIOR TO 3-31-92  
PER LETTER

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