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

SUBMIT ORIGINAL AND 1 COPY



**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. <u>Coltharp F</u>
2. NAME OF OPERATOR <u>AURORA WEST Capital Corp</u>		6. PERMIT NO. <u>89-886</u>
3. ADDRESS OF OPERATOR <u>1000 E. 3745 S. #3</u>		7. API NO. <u>05-103-9400</u>
CITY <u>Salt Lake City</u>	STATE <u>Ut.</u>	8. WELL NAME <u>Coltharp</u>
ZIP CODE <u>84106</u>		9. WELL NUMBER <u>A-2</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>2248' FWL + 280' FNL</u>		10. FIELD OR WILDCAT <u>Rangely</u>
At proposed prod. zone <u>SAME</u>		11. QTR. QTR. SEC., T.R. AND MERIDIAN <u>NEL4 NW4 SEC. 1 T1N, R102 W, 6th PM</u>

RECEIVED  
JUN 17 1991

COLO. OIL & GAS CONS. COMM.  
12. COUNTY  
Rio Blanco

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 checked="" 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 reports 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 MAY 29, 1991 - June 5, 1991

WELL # A-2, TD 2050' BORE hole volume calculations:  $\pi R^2 H$ ;  $\pi = 3.14$ ,  $R = 4" ID$  And 5 1/2" OPEN hole;  $H = variable$  - From TD filled 5.5" open hole to 450' base of cement casing with 9.74 cu yds. of sand + shale. Then filled 430' casing with 4.26 cu yds. sand + cuttings. Balance of 20' of casing filled to surface (less 4' cut to 6) with 5.4 cu ft. cement. MARKER plate set in cement + backfilled -

WELL AREA cleaned up and smoothed out -



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

SIGNED Daniel C. Shieff TELEPHONE NO. 801-264-9759

NAME (PRINT) DAN C. SHIEFF TITLE PRES. DATE 6-7-91

(This space for Federal or State office use)

APPROVED Stephan Pott TITLE Sr. Engr. DATE 6/20/91

CONDITIONS OF APPROVAL, IF ANY: