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OGCC FORM 4
Rev 8/89STATE 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 type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" 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 GLG Energy, L.P.		6. PERMIT NO. 90-117
3. ADDRESS OF OPERATOR 8085 South Chester, Suite 114 CITY STATE ZIP CODE Englewood, Colorado 80112		7. APN NO. 05 081 6714
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements See also space 17 below.) At surface 1593' FSL & 1731' FEL At proposed prod. zone Same		8. WELL NAME North Fork
12. COUNTY Moffat		9. WELL NUMBER #7-1
COLO. OIL & GAS CONS. COMM.		11. QTR. QTR. SEC., T.R. AND MERIDIAN NWSE Sec. 7, T9N, R91W

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 5 - 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 _____

The surface has been restored and reseeded and is ready for inspection.



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

SIGNED Thomas DeLong TELEPHONE NO. _____NAME (PRINT) Thomas DeLong TITLE Operations Engineer DATE 06/02/92

(This space for Federal or State office use)

APPROVED [Signature] TITLE Sr. Petroleum Engineer DATE AUG 24 1992
CONDITIONS OF APPROVAL, IF ANY: O & G Conservation Commission