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OGCC FORM 4
Rev 8/89

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.)

<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 APPL 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
		9 WELL NUMBER #7-1
		FIELD OR WILDCAT Wildcat
12 COUNTY Moffat		11 QTR. QTR. SEC., T.R. AND MERIDIAN NWSE Sec. 7, T9N, R91W

RECEIVED
JUN 04 1992
COLO. OIL & GAS CONS. COMM.

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 checked="" 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 _____

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



00275268

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