

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. FEDERAL/INDIAN OR STATE LEASE NO.
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		6. PERMIT NO. 77-303
2. NAME OF OPERATOR Mary Anne Snowden, Snowden Oil Company		7. API NO. 05 087 7408
3. ADDRESS OF OPERATOR Box 565		8. WELL NAME
CITY STATE ZIP CODE Ft. Morgan, CO 80701		9. WELL NUMBER Davie
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface SW NE Sec.12-2N-55W At proposed prod. cone 2015' FNL, 600' FWL		10. FIELD OR WILDCAT #2
12. COUNTY Morgan		11. QTR. QTR. SEC., T. & R. AND MERIDIAN SE NE Sec.12-2N-55W

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"/> COMMINGLED 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 JRD 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 3 - 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 12/18/93

Ran sand from 4966' to 4900'.'
Ran 5 sacks cement on sand.
Pumped 35 sacks cement in and out bottom of casing at 200'.
Set 10 sacks cement in top.
Cut off surface.
Welded on cap.

RECEIVED

JAN 20 1994

COLORADO OIL & GAS CONSERVATION COMMISSION

CSG CUT OFF @ 12:01

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

SIGNED Mary Anne Snowden TELEPHONE NO. 303-867-6215

NAME (PRINT) M.A. Snowden TITLE owner Snowden Oil Co DATE 1-17-94

(This space for Federal or State office use)

APPROVED DK Niccol TITLE SR. PETROLEUM ENGINEER DATE OCT 01 1994
O & G Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY:

