

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		3. FEDERAL/INDIAN OR STATE LEASE NO.
2. NAME OF OPERATOR Mary Anne Snowden, Snowden Oil Company		6. PERMIT NO.
3. ADDRESS OF OPERATOR Box 565		7. API NO. 082-07828
CITY STATE ZIP CODE Ft. Morgan, CO 80701		8. WELL NAME Davie
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface NWSE 12 2N 55W		9. WELL NUMBER #4
At proposed prod. zone		10. FIELD OR WILDCAT Jubilee
12. COUNTY Morgan		11. QTR. QTR. SEC., T.R. AND MERIDIAN Sec. 12-2N-55W

Check Appropriate Box To Indicate Nature of Notice, Report or Notification

13A. NOTICE OF INTENTION TO: <input checked="" 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/Commungled 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 November/ December 1993

Run sand to 4900'.  
Set 5 sacks cement on sand at 4900'.  
Set 35 sacks cement half in and half out bottom of surface at 134'.  
Set 10 sacks cement at 28' to base of cellar.  
Cut off surface down 4'.  
Weld on cap.

RECEIVED

NOV 23 1993

COLO. OIL &amp; GAS CONS. COMM.



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

SIGNED

Robert Donnelly (ds)

TELEPHONE NO. 303-522-1410

NAME (PRINT) Robert Donnelly

Owner

TITLE Donnelly Casing Pulling Co. DATE 11/22/93

(This space for Federal or State office use)

APPROVED

EBB

TITLE

Engineer

DATE

12-23-93

CONDITIONS OF APPROVAL, IF ANY

\* Restore surface to contour.