

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

cc: Marietta
RECEIVED

NOV 23 1983



File in duplicate for Patented and Federal lands.
File in triplicate for State lands.

COLO. OIL & GAS CONS. COMM.

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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Plugged and Abandoned		5. LEASE DESIGNATION & SERIAL NO. 1992	
2. NAME OF OPERATOR Okmar Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 633-17th Street, Suite 2160, Denver, CO 80202		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL & 644' FWL (SWNW) Section 15, T2N, R55W At proposed prod. zone same		8. FARM OR LEASE NAME Forbes-Marick ✓	
14. PERMIT NO. -		9. WELL NO. 3	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4476' GR		10. FIELD AND POOL, OR WILDCAT Zorichak	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 15, T2N, R55W	
		12. COUNTY Morgan ✓	
		13. STATE Colorado	

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/> XXX
REPAIR WELL (Other) <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (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 to this work.)

18. Date of work November 2, 1983 * Must be accompanied by a cement verification report.

The subject well is non-commercial and, therefore, it was plugged and abandoned as follows:

1. Filled 5 1/2" casing with sand to 4800' (PBSD 5037' KB) and set a 5 sx cement plug on top of sand.
2. Cut off and recovered 1992' of 5 1/2" casing.
3. Filled hole with mud.
4. Set a 15 sx cement plug from 167' to 92'.
5. Set a 10 sx cement plug to 3' below ground level.
6. Cut off surface casing below plow depth & welded on cap.

EXHAUSTED OIL WELL

WRS	
FJP	
HHM	✓
JAM	✓
RCC	
LAR	✓
CM	
ED	

19. I hereby certify that the foregoing is true and correct.
SIGNED J. Roy White TITLE Western Operations Manager DATE November 17, 1983

(This space for Federal or State office use)
APPROVED BY William Smith TITLE DIRECTOR O & G Cons. Comm. DATE DEC 12 1983
CONDITIONS OF APPROVAL, IF ANY: