



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 checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input type="checkbox"/> OTHER			5. FEDERAL/INDIAN OR STATE LEASE NO. 43928
2. NAME OF OPERATOR Berenergy Corporation			7. API NO. 05087 5765
3. ADDRESS OF OPERATOR P. O. Box 5850			8. WELL NAME Forbes-Marick
CITY Denver	STATE CO	ZIP CODE 80217	9. WELL NUMBER 4
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface NW NW, 15-T2N-R55W			10. FIELD OR WILDCAT Zorichak
At proposed prod. zone Same			11. QTR. QTR. SEC., T.R. AND MERIDIAN NW NW, 15-2N-55W
			12. COUNTY Morgan

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/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 _____

Propose to plug and abandon as follows:

- Fill 4-1/2" csg w/sand from PBTD to 10' above top perf (4968-4944'). Set 5 sx cmt plug on top of sand.
- Cut off & recover as much casing as possible.
- Set ~~15~~ 30 sx cmt plug across base of 7-5/8" surface casing @ 160'.
- Set 10 sx cmt plug at surface.
- Cut off surface csg 3' below GL & weld on cap.
- Clean up & restore surface to original contour.

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

SIGNED Donn W. Murphy TELEPHONE NO. 303-295-2323

NAME (PRINT) Donn W. Murphy TITLE Dist. Petr. Engineer DATE 9/26/91

(This space for Federal or State office-use)

APPROVED Ellie B. Bailey TITLE Engineer DATE 10-17-91

CONDITIONS OF APPROVAL, IF ANY:

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