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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.)

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		5. FEDERAL INDIAN OR STATE LEASE NO.
2. NAME OF OPERATOR Skaer Enterprises, Inc.		6. PERMIT NO. 66129
3. ADDRESS OF OPERATOR P. O. Box 22418 CITY STATE ZIP CODE Denver, CO 80222		7. API NO. 05087 6735
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface NE SW 1980 FWL - 1980 FSL At proposed prod. zone Same		8. WELL NAME Peterson F 43130
12. COUNTY Morgan		9. WELL NUMBER 1
		10. FIELD OR WILDCAT Stage Coach
		11. QTR. QTR. SEC., T.R. AND MERIDIAN NE SW 34-T2N-R56W

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/Commingle 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 10-18-90

Fill bottom of hole with sand to cover perforations at 5078'. Set 5 sacks cement on top of sand. Cut 4 1/2" casing off at approximately 4200', pull casing. Set 35 sacks of cement in bottom of surface pipe, 1/2 in and 1/2 out. Set 10 sacks cement in top of surface pipe. Cut surface pipe off 4' below ground level. Restore surface.

RECEIVED

OCT 18 1990

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

COLO. OIL & GAS CONS. COMM.

SIGNED Larry E. Skaer TELEPHONE NO. 303 320-1071
NAME (PRINT) Larry E. Skaer TITLE Vice President DATE 10-8-90

(This space for Federal or State office use)

APPROVED Stephen Patt TITLE Sr. Engr. DATE 10/19/90
CONDITIONS OF APPROVAL, IF ANY: