

STATE OF COLORADO
OIL 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. 66-129
3 ADDRESS OF OPERATOR P.O. Box 22418 CITY STATE ZIP CODE Denver Colorado 80222		7 API NO. 05-087-6735
4 LOCATION OF WELL (Report location clearly and in accordance with any State requirements See also space 17 below.) At surface NE SW At proposed prod. zone same		8 WELL NAME Peterson F
12 COUNTY Morgan		9 WELL NUMBER 1 #43/30
		10 FIELD OR WILDCAT Stagecoach
		11 QTR. QTR. SEC., T.R. AND MERIDIAN NE SW S34 T2N R56W

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"/> COMMINGLE 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 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 *Use Form 5 - Well Completion or Recompletion Report and Log for subsequent reports of Multiple/Commingle Completions and Recompletions	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 _____
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 June 12 - 15, 1991		

Moved in and rigged up. Dumped sand to cover perfs. Set 5 sacks of cement on top of sand. Cut 4½" casing at 4200'. Set 35 sacks of cement ½ in and ½ out, of bottom of surface pipe, and 10 sacks in top of surface pipe. Cut surface pipe off 4' below ground level. Weld on ½" steel plate. Restore surface.

EXHAUSTED
OIL WELL

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

SIGNED

TELEPHONE NO. 320-1071

NAME (PRINT) Larry E. Skaer

TITLE Vice President

DATE 6-20-91

(This space for Federal or State office use)

APPROVED

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: