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SUBMIT ORIGINAL AND 1 COPY

STATE OF COLORADO
REGULATION COMMISSION
NATURAL RESOURCES

FOR OFFICE USE			
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SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen of plug back to a different reservoir. Use "APPLICATION FOR PERMIT-" for such proposals.)

5. FEDERAL/INDIAN OR STATE LEASE NO.

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input checked="" type="checkbox"/> OTHER Dry Hole		6. PERMIT NO. 931889
2. NAME OF OPERATOR Edward Mike Davis		7. API NO. 05-121-10515
3. ADDRESS OF OPERATOR 3 Riverway, Suite 720		8. WELL NAME Jolly
CITY Houston	STATE TX	ZIP CODE 77056
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 14 below.) At surface 660' FNL & 1970' FEL		9. WELL NUMBER 1
At proposed production zone		10. FIELD OR WILDCAT Wildcat
12. COUNTY Washington		11. QTR. QTR. SEC., T.R. AND MERIDIAN NWNE Sec. 15-T3S-R56W, 6th PM

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

<p>13A. NOTICE OF INTENTION TO:</p> <p><input type="checkbox"/> PLUG AND ABANDON</p> <p><input type="checkbox"/> MULTIPLE COMPLETION</p> <p><input type="checkbox"/> COMMINGLE ZONES</p> <p><input type="checkbox"/> FRACTURE TREAT</p> <p><input type="checkbox"/> REPAIR WELL</p> <p><input type="checkbox"/> OTHER:</p>	<p>13B. SUBSEQUENT REPORT OF:</p> <p><input checked="" type="checkbox"/> FINAL PLUG AND ABANDONMENT SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG</p> <p><input type="checkbox"/> ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS)</p> <p><input type="checkbox"/> REPAIRED WELL</p> <p><input type="checkbox"/> OTHER: *Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingled Completions and Recompletions</p>	<p>13C. NOTIFICATION OF:</p> <p><input type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONES DATE: (REQUIRED EVERY 6 MONTHS)</p> <p><input type="checkbox"/> PRODUCTION RESUMED DATE:</p> <p><input type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT)</p> <p><input type="checkbox"/> WELL NAME CHANGE</p> <p><input type="checkbox"/> OTHER:</p>
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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

12/22/93

Set 40 sx at 180'
Set 10 sx at 60'
Set 5 sx in Rat Hole
Set 5 sx in Mouse Hole
Filled hole with drilling mud
Cut off surface casing & weld on steel cap

RECEIVED

JAN 24 1994

ILL. OIL & GAS STATE COMMISSION

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

SIGNED Steve Chamberlain PHONE NO. **(713) 629-9550**

NAME (PRINT) Steve Chamberlain TITLE AGENT DATE January 19, 1994

(This space for Federal or State office use)
APPROVED R. Vansickle TITLE Engr. DATE **JUN 16 1994**
CONDITIONS OF APPROVAL, IF ANY: