



00229841

STATE OF COLORADO  
REGISTRATION COMMISSION  
NATURAL RESOURCES  
SUBMIT ORIGINAL AND 1 COPY

FOR OFFICE USE			
ET	FE	UC	SE

## 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 <b>Dry Hole</b>	6. PERMIT NO. <b>931889</b>
2. NAME OF OPERATOR <b>Edward Mike Davis</b>	7. API NO. <b>05-121-10515</b>
3. ADDRESS OF OPERATOR <b>3 Riverway, Suite 720</b>	8. WELL NAME <b>Jolly</b>
CITY <b>Houston</b> STATE <b>TX</b> ZIP CODE <b>77056</b>	9. WELL NUMBER <b>1</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 14 below.) At surface <b>660' FNL &amp; 1920' FEL</b> At proposed production zone	10. FIELD OR WILDCAT <b>Wildcat</b>
12. COUNTY <b>Washington</b>	11. QTR. QTR. SEC., T.R. AND MERIDIAN <b>NWNE Sec. 15-T3S-R56W, 6th PM</b>

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 report of Multiple/Commingle Completions and Recompletions	13C. NOTIFICATION OF: <input type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONES 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

**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 &amp; GAS 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

*Eng.*

DATE

**JUN 16 1994**

CONDITIONS OF APPROVAL, IF ANY: