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STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

SUBMIT ORIGINAL AND 1 COPY

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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.)

5. FEDERAL, INDIAN OR STATE LEASE NO.
COLO. OIL & GAS CONS. COMM.

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			6. PERMIT NO. 89-1181
2. NAME OF OPERATOR JC WESTMORELAND			7. API NO. 05 121 689S
3. ADDRESS OF OPERATOR PO BOX 782 CITY STATE ZIP CODE BROOK CO 80723			8. WELL NAME TUTTLE
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980 FS 1980 FW At proposed prod. zone O sand			9. WELL NUMBER 89-1181 #2
			10. FIELD OR WILDCAT RUBY
12. COUNTY WASHINGTON			11. QTR. QTR. SEC., T.R. AND MERIDIAN NE SW 5028-2N.54U

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 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 <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 10-3-94 thru 10-8-94

1- Dump bail 10 sacks cement at 4375 Feet
 2- Free point and cut casing at 2100 feet and recover casing
 3- Fill hole with drilling mud and water
 4. pump 40 sacks of cement to in 1/2 out of surface casing 180 feet up.
 5. Place 5 sacks of cement at top of surface casing.
 6. cut off surface pipe 4 feet below ground level and well on cap.

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

SIGNED Tony Kitchin TELEPHONE NO. 245 2591

NAME (PRINT) Tony Kitchin TITLE Pluggger DATE 10-20-94

(This space for Federal or State office use)

APPROVED DK Dixon TITLE SR. PETROLEUM ENGINEER DATE DEC 08 1994
 O & G Cons. Comm

CONDITIONS OF APPROVAL, IF ANY:

STATE OF COLORADO
OIL AND GAS
CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES
1580 LOGAN STREET - SUITE 380
DENVER, COLORADO 80203-2281

FORWARDING AND ADDRESS CORRECTION REQUESTED



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TO
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AS ADDRESSED
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