

RECEIVED

OGCC FORM 4  
Rev. 1/78

STATE OF COLORADO  
OIL AND GAS CONSERVATION COMMISSION, 1987  
DEPARTMENT OF NATURAL RESOURCES

FOR OFFICE USE

FE	UC	SE
	ED	MP

File in duplicate for Patented and Federal lands.  
File in triplicate for State lands.  
COLO. OIL & GAS CONS. COMM.

5. LEASE DESIGNATION & SERIAL NO.  
Dyar #1 55090

**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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1. OIL WELL  GAS WELL  OTHER

7. UNIT  
00066684

2. NAME OF OPERATOR  
Reichlinger Business Services

8. FARM OR LEASE NAME  
Dyar 55090

3. ADDRESS OF OPERATOR  
P.O. Box 4 York, Nebraska 68467

9. WELL NO.  
1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface  
At proposed prod. zone

10. FIELD AND POOL, OR WILDCAT  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
SE 1/4 13-2N-5W 54W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

12. COUNTY  
Washington

13. STATE  
CO

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>Shut-in well</u>	

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (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 to this work.)

18. Date of work \_\_\_\_\_

\* Must be accompanied by a cement verification report.

This well is currently shut-in pending conversion to one of the following uses:

- 1. Recompletion as a gas well when market conditions change so that a pipeline connection would be possible.
- 2. Conversion to a salt water disposal well, if required by future wells on the lease. Current plans call for additional drilling to take place on or before November 1, 1987.

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

PRINT Gary Reichlinger

SIGNED Gary Reichlinger TITLE Operator DATE 5/26/87

(This space for Federal or State office use)

APPROVED BY William R. Smith TITLE DIRECTOR DATE JUN 01 1987

CONDITIONS OF APPROVAL, IF ANY:

STATUS REPORT REQUIRED EVERY 6 MONTHS ON SHUT-IN & TEMPORARILY ABANDONED WELLS.

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