

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

cc: Marietta Office

RECEIVED  
SEP 6 1985  
COLO. OIL & GAS CONS. COMM.

File in duplicate for Patented and Federal lands.  
File in triplicate for State lands.

**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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> <b>Water Injection Well (Temporarily Abandoned)</b>		5. LEASE DESIGNATION & SERIAL NO. -
2. NAME OF OPERATOR <b>Okmar Oil Company</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -
3. ADDRESS OF OPERATOR <b>P. O. Box 5850, Denver, Colorado 80217</b>		7. UNIT AGREEMENT NAME -
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <b>990'FSL &amp; 660'FEL, Section 31, T2N, R56W</b> At proposed prod. zone <b>same</b>		8. FARM OR LEASE NAME <b>Huey</b>
14. PERMIT NO. -		9. WELL NO. <b>29</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>4470'KB</b>		10. FIELD AND POOL, OR WILDCAT <b>Burr Field</b>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Section 31, T2N, R56W</b>
		12. COUNTY <b>Morgan</b>
		13. STATE <b>Colorado</b>



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"/>	WATER SHUT-OFF* <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Current Status</u> <input checked="" type="checkbox"/>	

(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.

As per our Sundry Notice dated September 14, 1983, the subject well was temporarily abandoned. The well remains in a temporarily abandoned status at this time.



WRS	
FIP	
HHM	
JAM	
POC	
OP	
OS	
ED	<input checked="" type="checkbox"/>

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

SIGNED J. Roy White TITLE Western Operations Manager DATE Sept. 5, 1985

(This space for Federal or State office use)

APPROVED BY William Smith TITLE DIRECTOR DATE SEP 12 1985

CONDITIONS OF APPROVAL, IF ANY: O & G Cons. Comm.