



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

SUBMIT ORIGINAL AND 1 COPY

SCANNED

FOR OFFICE USE ONLY			
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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.)

<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			5 FEDERAL INDIAN OR STATE LEASE NO	
2 NAME OF OPERATOR Anchor Bay Corporation			6 PERMIT NO NA	
3 ADDRESS OF OPERATOR 1600 Stout St. #1400			7 API NO 050115064	
CITY STATE ZIP CODE Denver Colorado 80202-3132			8 WELL NAME State	
4 LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface			9 WELL NUMBER 1-9	
At proposed prod zone 9 5/8" @404' 5 1/2" @4932			10 FIELD OR WILDCAT	
			11 QTR. QTR. SEC., T.R. AND MERIDIAN SE SW Sec. 9-21-48 W	
			12 COUNTY Bent	

RECEIVED
AUG 24 1992

COLO. OIL & GAS CONS. COMM.

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 checked="" 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 8-6-92

Sanded bottom to 4700', ran 8 sacks cement. Shot pipe @2443'.
Pumped 40 sacks @1100', pulled up to 440' pumped 40 sacks
pulled up to 60' circulated cement.

KELSO IS 3RD PARTY PLUGGER
OK FOR CMT VER JPL

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

SIGNED Mike Kelso TELEPHONE NO. (316) 938-2943

NAME (PRINT) Mike Kelso TITLE _____ DATE 8-20-92

(This space for Federal or State office use)

APPROVED JPL TITLE _____ DATE 9-11-92

CONDITIONS OF APPROVAL, IF ANY:
CUT 9 5/8 4 FT BELOW GL + WELS ON PLATE / RESTORE WELL SITE + TANK BATTERY