

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

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

RECEIVED  
JUN 16 1980



**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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Dry Hole</u>   |   | 5. LEASE DESIGNATION AND NUMBER   |
| 2. NAME OF OPERATOR<br><u>Rincon Operating Co.</u>  |   | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME<br><u>COMM.</u>                            |
| 3. ADDRESS OF OPERATOR<br><u>1860 Lincoln Street, Suite 808, Denver, CO 80295</u>   |   | 7. UNIT AGREEMENT NAME  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br><u>At surface 2030' FEL &amp; 1980' FNL (C SW/4NE/4)</u><br><u>At proposed prod. zone</u> |   | 8. FARM OR LEASE NAME<br><u>Miller</u>  |
| 14. PERMIT NO.<br><u>80 198</u>   | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br><u>4486' GR</u> | 9. WELL NO.<br><u>#1</u>  |
|   |   | 10. FIELD AND POOL, OR WILDCAT<br><u>Wildcat</u>                                |
|   |   | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br><u>Section 9, T9N, R56W</u> |
|   |   | 12. COUNTY<br><u>Weld</u>   |
|   |   | 13. STATE<br><u>Colorado</u>  |

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 checked="" type="checkbox"/>   | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT <input type="checkbox"/>     |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         | (Other) <input 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.)

Date of work \_\_\_\_\_

We propose to plug and abandon well as follows:

Check casing for free point and shoot off at that point.  
Set 50' plug in and out of top of cut off stub, 15 sxs at base of surface pipe at 211'. Cut surface pipe off 3' below ground level, 10 sxs plug in top.

|     |                                     |
|-----|-------------------------------------|
| DVR | <input checked="" type="checkbox"/> |
| FIP | <input checked="" type="checkbox"/> |
| HMM | <input checked="" type="checkbox"/> |
| JAM | <input checked="" type="checkbox"/> |
| JJD | <input checked="" type="checkbox"/> |
| PLS | <input type="checkbox"/>            |
| OSM | <input type="checkbox"/>            |

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

SIGNED Clarence H. Brown TITLE President DATE 6/12/80

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR O&G CONS. COMM. DATE JUN 25 1980

CONDITIONS OF APPROVAL, IF ANY: