



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

SUBMIT ORIGINAL AND 1 COPY

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.)

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		5. FEDERAL/INDIAN OR STATE LEASE NO.
2. NAME OF OPERATOR H&R Well Services, Inc.		6. PERMIT NO. 74-946
3. ADDRESS OF OPERATOR 0902 Rd. 4		7. API NO. 05 123 8204
CITY STATE ZIP CODE Wiggins Colorado 80654		8. WELL NAME Denny #1 57440
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface NW SE		9. WELL NUMBER 1
At proposed prod. zone		10. FIELD OR WILDCAT NEW WINASOR
12. COUNTY Weld		11. QTR. QTR. SEC., T.R. AND MERIDIAN Sec. 27 7N 67 W

Check Appropriate Box To Indicate Nature of Notice, Report or Notification

13A. NOTICE OF INTENTION TO: <input 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/Commingle 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 1/90

Set CIBP @ 3610 & 2 Sacks
(perfs @ 3654 - 3670)

Loaded hole
cut & pulled pipe
Set 25 sacks @base of surface
Set 5 Sacks @ surface
Cut wellhead off & welded a plate

EXHAUSTED
OIL WELL

RECEIVED

JAN 29 1990

COLO. OIL & GAS CONS. COMM.

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

SIGNED David N. Rebol TELEPHONE NO. 303-432-5285

NAME (PRINT) David N. Rebol TITLE _____ DATE 01/26/90

(This space for Federal or State office use)

APPROVED Stephan Pott TITLE Sr. Engr. DATE 2/13/90

CONDITIONS OF APPROVAL, IF ANY:

Provide date well was plugged & cement verification