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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. 79-946
3. ADDRESS OF OPERATOR 0902 Rd. 4		7. API NO. 05 123 8204
CITY                      STATE                      ZIP CODE		8. WELL NAME Denny #1 57440
Wiggins                      Colorado                      80654		9. WELL NUMBER 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface                      NW SE		10. FIELD OR WILDCAT NEW WINASOR
At proposed prod. zone	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. <input checked="" type="checkbox"/> SUBSEQUENT REPORT OF: <input 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 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

RECEIVED  
EXHAUSTED OIL WELL  
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