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STATE OF COLORADO  
S CONSERVATION COMMISSION  
MENT OF NATURAL RESOURCES

MAY 29 1996

MIT 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 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.
3. ADDRESS OF OPERATOR 0902 Road 4 CITY STATE ZIP CODE Wiggins CO 80654			7. API NO. 05-123-8204
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface At proposed prod. zone			8. WELL NAME Denny #1
			9. WELL NUMBER #1
			10. FIELD OR WILDCAT New Windsor
12. COUNTY Weld			11. QTR. QTR. SEC., T.R. AND MERIDIAN NW SE 27-7N-67W

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

## 13A. NOTICE OF INTENTION TO:

- ☐ PLUG AND ABANDON  
☐ MULTIPLE COMPLETION  
☐ COMMINGLE ZONES  
☐ FRACTURE TREAT  
☐ REPAIR WELL  
☐ OTHER \_\_\_\_\_

## 13B. SUBSEQUENT REPORT OF:

- ☐ FINAL PLUG AND ABANDONMENT  
(SUBMIT 3RD PARTY CEMENT VERIFICATION  
AND JOB LOG)  
☐ ABANDONED LOCATION (WELL NEVER DRILLED -  
SITE MUST BE RESTORED WITHIN 6 MONTHS)  
☐ REPAIRED WELL  
☐ OTHER

\*Use Form 5 - Well Completion or Recompletion Report and Log  
for subsequent report of Multiple/Commingle Completions  
and Recompletions

## 13C. NOTIFICATION OF:

- ☐ SHUT-IN; TEMPORARILY ABANDONED  
(DATE \_\_\_\_\_)  
(REQUIRED EVERY 6 MONTHS)  
☐ PRODUCTION RESUMED  
(DATE \_\_\_\_\_)  
☐ LOCATION CHANGE (SUBMIT NEW PLAT)  
☐ WELL NAME CHANGE  
☐ OTHER \_\_\_\_\_

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 \_\_\_\_\_

Well was plugged 12/89.

Re - sub. H &amp; R per attached request.

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

SIGNED David Rebel TELEPHONE NO. 970-467-9002NAME (PRINT) David Rebel TITLE V.P. DATE 5-25-96

(This space for Federal or State office use)

APPROVED [Signature] TITLE \_\_\_\_\_ DATE 6/3/96  
CONDITIONS OF APPROVAL, IF ANY:

00226854