

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES
SUBMIT ORIGINAL AND 1 COPY



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FOR OFFICE USE			
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SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen of plug back to a different reservoir.
Use "APPLICATION FOR PERMIT-" for such proposals.)

1. OIL WELL GAS WELL COALBED METHANE INJECTION WELL OTHER

OIL WELL

5. FEDERAL/INDIAN OR STATE LEASE NO.
N/A

6. PERMIT NO.
94-1933

2. NAME OF OPERATOR
Basin Exploration Incorporated

7. API NO.
0512318807

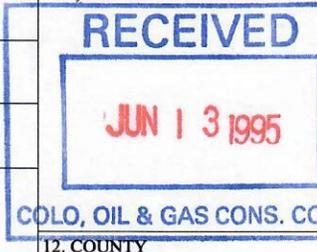
3. ADDRESS OF OPERATOR
370 17th St., Suite 1800

8. WELL NAME
Sack

CITY STATE ZIP CODE
Denver CO 80202

9. WELL NUMBER
#23-31

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 14 below.)
At surface
1980' FSL & 1865' FWL
At proposed production zone
Same As Above



10. FIELD OR WILDCAT
Wattenberg

11. QTR. QTR. SEC., T.R. AND MERIDIAN
NE SW Section 31-T1N-R67W

12. COUNTY
Weld

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 ABANDONES 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

Basin Exploration Incorporated is requesting an extension to the Application for Permit to Drill on the above mentioned well. The current permit expires 6/19/95.

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

SIGNED Terry L. Hoffman PHONE NO. **(303) 685-8000**
NAME (PRINT) **Terry L. Hoffman** TITLE **Engineering Technician** DATE **06/09/95**

(This space for Federal or State office use)

APPROVED [Signature] TITLE [Signature] DATE **6-13-95**

CONDITIONS OF APPROVAL, IF ANY:

extended to 12-17-95