

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



00055354

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 _____

2. NAME OF OPERATOR

Basin Exploration Incorporated

3. ADDRESS OF OPERATOR

370 17th St., Suite 1800

CITY

Denver

STATE

CO

ZIP CODE

80202

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

12. COUNTY

Weld

FOR OFFICE USE

| | | | |
|----|----|----|----|
| ET | FE | UC | SE |
|----|----|----|----|

5. FEDERAL/INDIAN OR STATE LEASE NO.

N/A

6. PERMIT NO.

94-1933

7. API NO.

0512318807

8. WELL NAME

Sack

9. WELL NUMBER

#23-31

10. FIELD OR WILDCAT

Wattenberg

11. QTR. QTR. SEC., T.R. AND MERIDIAN

NE SW**Section 31-T1N-R67W**

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

PHONE NO. **(303) 685-8000**

NAME (PRINT)

Terry L. HoffmanTITLE **Engineering Technician**DATE **06/09/95**

(This space for Federal or State office use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

extended to 12-17-95