



00046563

OGCC FORM 4
Rev. 8/89STATE 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. <u>72-337</u>
2. NAME OF OPERATOR <u>TWO-J OIL COMPANY</u>		6. PERMIT NO. <u>051037443</u>
3. ADDRESS OF OPERATOR <u>3686 1/2 Rd.</u>		7. API NO. <u>GETTY-PAN AM</u>
CITY <u>PARIS</u>	STATE <u>CO</u>	8. WELL NAME <u>23</u>
ZIP CODE <u>81526</u>		9. WELL NUMBER <u>Range 14</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>NW Sec #4 IN 102W</u>		10. FIELD OR WILDCAT <u>Range 14</u>
At proposed prod. zone <u>968' E of line 2600' N of</u>		11. QTR. QTR. SEC., T.R. AND MERIDIAN <u>NW Sec #4 IN 102W</u>
<u>MNC S 2200 S line Rio BLANCO</u>		12. COUNTY

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 7/1/90) (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 _____

NO PRODUCTION RECEIVED

JAN 08 1991

COLO. OIL & GAS CONS. COMM

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

SIGNED

Jack X Hillis

TELEPHONE NO.

464-0565

NAME (PRINT)

JACK X Hillis

TITLE

Owner

DATE

1-3-91

(This space for Federal or State office use)

APPROVED

Stephen Pott

TITLE

Sr. Engr.

DATE

2/28/91

CONDITIONS OF APPROVAL, IF ANY:

STATUS REPORT REQUIRED
EVERY 6 MONTHS ON SHUT-IN
& TEMPORARILY ABANDONED WELLS.