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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. <i>[Signature]</i>
2. NAME OF OPERATOR <i>Two-J Oil Comp.</i>		6. PERMIT NO. <i>66-247</i>
3. ADDRESS OF OPERATOR <i>3686 1/2 Rd.</i> CITY STATE ZIP CODE <i>Palisade CO 81526</i>		7. API NO. <i>05103 6363</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>194' FROM CENTER LINE 1100'</i> <i>FROM W LINE SEC 4 T1N 102W</i> At proposed prod. zone		8. WELL NAME <i>GETTY-PAN AM</i>
		9. WELL NUMBER <i>7</i>
		10. FIELD OR WILDCAT <i>Rangely</i>
12. COUNTY <i>RIO BLANCO</i>		11. QTR. QTR. SEC. T.R. AND MERIDIAN <i>NWSW NW sec #4 LOT 5 IN 102W</i>

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 _____

RECEIVED

JAN 08 1991

O.O. OIL & GAS CONS. COMM

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

SIGNED

Jack K. Hillis

TELEPHONE NO.

464-0585

NAME (PRINT)

JACK K. Hillis

TITLE

Owner

DATE

1-3-91

(This space for Federal or State office use)

APPROVED

Stephen Pott

TITLE

Sen. Engr.

DATE

2/28/91

CONDITIONS OF APPROVAL, IF ANY:

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