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STATE OF COLORADO  
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>STATE</u>
2. NAME OF OPERATOR <u>Two S Oil Co</u>		6. PERMIT NO. <u>67-238</u>
3. ADDRESS OF OPERATOR <u>3686 G 7/10 Rd</u>		7. API NO. <u>05-1037038</u>
CITY <u>Palisade</u>	STATE <u>Co</u>	8. WELL NAME <u>GETTY-PAN AM</u>
ZIP CODE <u>815-26</u>		9. WELL NUMBER <u>9-A</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>820' FROM W LINE OF LOT #5</u> <u>320' N OF CENTER LINE</u> At proposed prod. zone <u>LOT #5 SEC #4</u>		10. FIELD OR WILDCAT <u>RANGELY</u>
12. COUNTY <u>RIO BLANCO</u>		11. QTR. QTR. SEC., T.R. AND MERIDIAN <u>SEC #4 T1N 102W</u>

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

5-21-92

8-5/8" SURFACE PIPE CEMENTED TOP TO BOTTOM WAS NOT REMOVED  
FILLED HOLE WITH SHALE TO WITHIN 50 FT OF SURFACE  
FILLED 50' WITH CEMENT SET 4" MARKER 10 FT LONG  
4 FT IN HOLE 6 FT OUT WITH WELL DESCRIPTION WELDED  
ON PIPE

RECEIVED

JUN 01 1992

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

SIGNED

Jack K. WillisTELEPHONE NO. (303) 464-0565

NAME (PRINT)

JACK K. WILLIS

TITLE

OWNER

DATE

5/26/92

(This space for Federal or State office use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

TITLE

Sr. Petroleum Engineer  
O & G Conservation Commission

DATE

AUG 28 1992