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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			
ET	FE	UC	SE

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-J Oil Co.</u>		6. PERMIT NO.
3. ADDRESS OF OPERATOR <u>3686 G. 7/10 Rd.</u>		7. API NO.
CITY <u>PALISADE Co.</u> STATE <u>81526</u> ZIP CODE		8. WELL NAME <u>Getty - Amoco</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>1370' E of W line & 80'S</u> At proposed prod. zone <u>C/L of lot 5.</u>		9. WELL NUMBER <u>12</u>
12. COUNTY <u>Rio Blanco</u>		10. FIELD OR WILDCAT <u>Rangelly</u>
		11. QTR. QTR. SEC., T.R. AND MERIDIAN <u>S4, 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 S - Well Completion or Recompletion Report and Log
for subsequent report of Multiple Commingled 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

COLO. OIL & GAS CONS. COMM.

NO PRODUCTION

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

SIGNED

Jack K. Hillis

TELEPHONE NO.

464-0565

NAME (PRINT)

Jack K. Hillis

TITLE

OWNER

DATE

1-3-91

(This space for Federal or State office use)

APPROVED

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

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SUNDRY NOTICES AND REPORTS ON WELLS

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2. NAME OF OPERATOR <u>Two-J Oil Co.</u>		6. PERMIT NO.
3. ADDRESS OF OPERATOR <u>3686 G 7/10 Rd.</u>		7. API NO.
CITY <u>PALISADE Co.</u>	STATE <u>CO.</u>	8. WELL NAME <u>GETTY - Amoco</u>
ZIP CODE <u>81526</u>		9. WELL NUMBER <u>12</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>1370' E of W line & 80'S</u> of <u>C/L of lot 5.</u>		10. FIELD OR WILDCAT <u>RANGELY</u>
At proposed prod. zone		11. QTR. QTR. SEC., T.R. AND MERIDIAN <u>S4, T1N, 102W</u>
12. COUNTY <u>Rio Blanco</u>		

Check Appropriate Box To Indicate Nature of Notice, Report or Notification

13A. NOTICE OF INTENTION TO: <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> COMMINGLE ZONES <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> OTHER _____	13B. SUBSEQUENT REPORT OF: <input type="checkbox"/> FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG) <input type="checkbox"/> ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS) <input type="checkbox"/> REPAIRED WELL <input type="checkbox"/> OTHER _____ <small>*Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple Commingled Completions and Recompletions</small>	13C. NOTIFICATION OF: <input checked="" type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONED (DATE <u>7/1/90</u>) (REQUIRED EVERY 6 MONTHS) <input type="checkbox"/> PRODUCTION RESUMED (DATE _____) <input type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT) <input type="checkbox"/> WELL NAME CHANGE <input type="checkbox"/> OTHER _____
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15. DATE OF WORK _____

RECEIVED

JAN 08 1991

COLO. OIL & GAS CONS. COMM NO PRODUCTION

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

SIGNED Paul K. Hillis TELEPHONE NO. 464-0565
NAME (PRINT) PAUL K HILLIS TITLE owner DATE 1-3-91

(This space for Federal or State office use)

APPROVED _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: