

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 type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input checked="" type="checkbox"/> OTHER			5. FEDERAL/INDIAN OR STATE LEASE NO.
2. NAME OF OPERATOR Egeria Oil Company			6. PERMIT NO. 93-993 ✓
3. ADDRESS OF OPERATOR P.O. Box 247			7. API NO. 05-107-6182 ✓
CITY Toponas,	STATE CO	ZIP CODE 80479	8. WELL NAME Sleeping Lion
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2101 FNL & 720 FEL ✓			9. WELL NUMBER #12-2
At proposed prod. zone Same			10. FIELD OR WILDCAT Wildcat
12. COUNTY Routt			11. QTR. QTR. SEC., T.R. AND MERIDIAN SENE 12-1N-85W-6

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 checked="" 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/Commungled Completions and Recompletions</small>	13C. NOTIFICATION OF: <input type="checkbox"/> SHUT-IN, TEMPORARILY ABANDONED (DATE _____) (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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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 9-24-93

Verbal instructions given by B. Macke on 9-20-93 to Plug and Abandon Set CIPB at 4050' and spotted 3 sack plug at 4050 with dump bailer Shot off and pulled approximately 3,550' of 5-1/2 casing 45 Sack Plug Set at 2520', 20 Sack Plug Set at 1375' 35 Sack Plug Set at 350', 20 Sack Plug Set at Surface Casing was cut off 4' below ground level Steel plate was welded on top of surface casing

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

SIGNED

Larry R. Moyer

TELEPHONE NO.

241-2751

638-0050

NAME (PRINT)

Larry R. Moyer

TITLE

Agent

DATE

10-24-93

(This space for Federal or State office use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

TITLE

Sr. Petroleum Engineer
O & G Conservation Commission

DATE

DEC 23 1993