

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.)

5. FEDERAL, INDIAN OR STATE LEASE NO.

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		6. PERMIT NO. 93-993 ✓
2. NAME OF OPERATOR Egeria Oil Company		7. API NO. 05-107-6182 ✓
3. ADDRESS OF OPERATOR P.O. Box 247		
CITY Toponas,	STATE CO	
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 ✓  At proposed prod. zone  Same		9. WELL NUMBER #12-2
		10. FIELD OR WILDCAT Wildcat
		11. QTR. QTR. SEC., T.R. AND MERIDIAN SENE 12-1N-85W-6 ✓
		12. COUNTY Routt

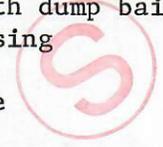
Check Appropriate Box To Indicate Nature of Notice, Report or Notification

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



RECEIVED  
NOV - 5 1993  
OIL & GAS CONS. COMM.

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 [Signature] TITLE Sr. Petroleum Engineer DATE DEC 23 1993  
O & G Conservation Commission

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_