



**STATE OF COLORADO  
OIL AND GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES  
SUBMIT ORIGINAL AND 1 COPY**

FOR OFFICE USE			
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**SUNDRY NOTICES AND REPORTS ON WELLS**

(Do not use this form for proposals to drill or to deepen of 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.
2. NAME OF OPERATOR <b>BASIN OPERATING COMPANY</b>		6. PERMIT NO.
3. ADDRESS OF OPERATOR <b>370 17TH SUITE 1800</b>		7. API NO. <b>0512309463</b>
CITY STATE ZIP CODE <b>DENVER CO 80202</b>		8. WELL NAME <b>FUTURA HORSE VILLAGE 41</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 14 below.) At surface <b>2490 FNL &amp; 2390 FEL</b> At proposed production zone		9. WELL NUMBER <b>2</b>
12. COUNTY <b>WELD</b>		10. FIELD OR WILDCAT <b>SPINDLE</b>
		11. QTR. QTR. SEC., T.R. AND MERIDIAN <b>SWNE 3 1N 68W</b>

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

<p><b>13A. NOTICE OF INTENTION TO:</b></p> <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: _____	<p><b>13B. SUBSEQUENT REPORT OF:</b></p> <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: *Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingle Completions and Recompletions	<p><b>13C. NOTIFICATION OF:</b></p> <input type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONES 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 9/21/93

- MIRU WSU.
- Freepoint & back casing off at 3400'. POOH & salvage casing.
- Set 35 sk cmt plug at 4 1/2" csg stub.
- Set 35 sx cmt plug at 8 5/8" csg shoe from 765' to 865'.
- Set 10 sx. cmt plug at surface.
- Cut off csg 4' below GL, weld on steel cap, & restore location.  
\*\*\*8 5/8" sfc csg cemented to surface across the Fox Hills.

**RECEIVED**

**OCT 21 1993**

COLORADO OIL & GAS CONSERVATION COMMISSION



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**fhv2pa.wk3**

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

SIGNED Steven H. Schmitz PHONE NO. **685-8071**

NAME (PRINT) **Steven H. Schmitz** TITLE **Production Engineer** DATE **09/28/93**

(This space for Federal or State office use)

APPROVED JA TITLE \_\_\_\_\_ DATE 3/21/94

CONDITIONS OF APPROVAL, IF ANY: