



LOCATION NESE 6, 2N, 53W
OPERATOR Kenneth Tipps
WELL NAME Simonsen 1

FIELD N. Yenia
COUNTY Washington
FORMATION D & J

DATE OF INSPECTION DURING DRILLING: _____ **SCANNED**

RIG _____ SURFACE CASING: _____
BOP'S _____ DEPTH _____ WOC _____
CONTACT _____ CMT VOL _____ RETURNS _____
ADEQUATE AQUIFER PROTECTION? _____
COMMENTS _____

DATE OF INSPECTION AFTER COMPLETION: _____

FRACED: _____ PRODUCTION STRING: _____
CBL CHECKED? _____ DEPTH _____ STAGED _____
WATER DISPOSAL METHOD _____
PITS: PERMIT _____ TDS _____ SKIM TANK _____
DIMENSION: _____ SCREEN: _____ LINER: _____
LEASE SIGN: _____ TANK ID: _____ FENCED? _____
SURFACE EQUIPMENT: _____

DATE OF FINAL P&A INSPECTION 7/10/85

PLUG 1 _____ SX @ _____ SURFACE RECLAIMED? No
PLUG 2 _____ SX @ _____ SITE CLEAN? No
PLUG 3 _____ SX @ _____ LANDOWNER RELEASE? _____

INSPECTOR KTB

*tanks, pit, and various equipment
on location. Contact operator*

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

P & A INSP.

RECEIVED

MAY 10 1985

File in duplicate for Patented and Federal lands.
File in triplicate for State lands.

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION & SERIAL NO.	
2. NAME OF OPERATOR Kenneth L. Tipps		6. IF INDIAN ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1720 S. Bellaire #410, Denver, CO. 80222		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface At proposed prod. zone Test "J" & "D" Sands		8. FARM OR LEASE NAME Simonsen	
14. PERMIT NO. 82-127		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4520 KB		10. FIELD AND POOL, OR WILDCAT N. Xenia	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE SE 6:T2N,R53W	
		12. COUNTY Washington	13. STATE Colorado

18. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL, (Other) <input type="checkbox"/>	CHANGE PLANS. <input type="checkbox"/>	(Other) Washdown Test D & J <input type="checkbox"/>	

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (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 to this work.)

18. Date of work May - August 12, 1982 * Must be accompanied by a cement verification report.

Cement 4920' 4 1/2" csg. w/100 Sx. cement
 Perforate 1903-04 4 shots: 2500' fill up - all water
 Set B.P. 4890
 Perforate 4850-51 4 shots: 2600' fill up - all water
 Set B.P. 4844
 Perforate 4833-34 4 shots: Trace of gas N.M.
 Perforate 4812-13 4 shots: Trace of gas N.M.

Fill up 250' water - 50 psi T.H.P - Trace of Oil

Pump 30 days - non-commercial. P & A October 8, 1982

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

SIGNED [Signature] TITLE Operator DATE 5/9/85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: