

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

FIELD N. Xenia
COUNTY Washington
FORMATION D & J



00054183

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	<u>SX @</u>	SURFACE RECLAIMED?	<u>No</u>
PLUG 2	<u>SX @</u>	SITE CLEAN?	<u>No</u>
PLUG 3	<u>SX @</u>	LANDOWNER RELEASE?	_____

INSPECTOR KTB

*tank, 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

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL,

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON

CHANGE PLANS.

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Washdown Test D & J

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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

TITLE

Operator

DATE

5/9/85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: