

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

SUBMIT ORIGINAL AND 1 COPY



| FOR OFFICE USE ONLY | | | |
|---------------------|----|----|----|
| ET | FE | UC | SE |

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 checked="" 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 Topaz Southwest, Inc. | | 6. PERMIT NO. 801583 |
| 3. ADDRESS OF OPERATOR Box 326, Shelbyville, Texas 75973 CITY STATE ZIP CODE Shelbyville, Texas 75973 | | 7. API NO. 071060520 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface SWNW Sect 3 | | 8. WELL NAME Sandoval |
| At proposed prod. zone Same | | 9. WELL NUMBER 7 |
| 12. COUNTY Las Animas | | 10. FIELD OR WILDCAT Garcia 27950 |
| | | 11. QTR. QTR. SEC., T.R. AND MERIDIAN SWNW 3 T34S R62W 6th |

SCANNED

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

13A. NOTICE OF INTENTION TO:

- PLUG AND ABANDON
- MULTIPLE COMPLETION
- COMMINGLE ZONES
- FRACTURE TREAT
- REPAIR WELL
- OTHER _____

13B. SUBSEQUENT REPORT OF:

- FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG)
 - ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS)
 - REPAIRED WELL
 - OTHER
- *Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingle Completions and Recompletions

13C. NOTIFICATION OF:

- SHUT-IN/TEMPORARILY ABANDONED (DATE ~~March 30, 1990~~ 10/15/80) (REQUIRED EVERY 6 MONTHS)
- PRODUCTION RESUMED (DATE _____)
- LOCATION CHANGE (SUBMIT NEW PLAT)
- WELL NAME CHANGE
- OTHER _____

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 _____

Well shut in waiting on pipeline connection.

RECEIVED

NOV 16 1990

COLO. OIL & GAS CONS. COMM

STATUS REPORT REQUIRED EVERY 6 MONTHS ON SHUT-IN & TEMPORARILY ABANDONED WELLS.

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

SIGNED

Ed Green

TELEPHONE NO. 409-598-5278

NAME (PRINT) Ed Green

TITLE President

DATE 30 Oct. 1990

(This space for Federal or State office use)

APPROVED _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: