

OIL AND GAS  
DEPARTMENT



MISSION  
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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.

N/A

1.  OIL WELL  GAS WELL  COALBED METHANE  INJECTION WELL  OTHER **CASING DESIGN CHANGE**

6. PERMIT NO. **93-610**

2. NAME OF OPERATOR  
**STRACHAN EXPLORATION, INC.**

7. API NO. **05-103-9607**

3. ADDRESS OF OPERATOR  
**1675 BROADWAY, SUITE 2330**

CITY STATE ZIP CODE  
**DENVER CO 80202**

8. WELL NAME  
**EXXON**

9. WELL NUMBER  
**#1**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface **600' FWL, 1250' FSL**  
At proposed prod. zone **SAME**

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10. FIELD OR WILDCAT  
**SOUTH PICEANCE CREEK**

12. COUNTY  
**RIO BLANCO**

11. QTR. QTR. SEC., T.R. AND MERIDIAN  
**SW SW 18, T3S-R9SW, 6<sup>TH</sup> PM**

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

13A. NOTICE OF INTENTION TO:

- PLUG AND ABANDON
- MULTIPLE COMPLETION
- COMMINGLED 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/Commingled Completions and Recompletions

13C. NOTIFICATION OF:

- SHUT-IN, TEMPORARILY ABANDONED (DATE \_\_\_\_\_) (REQUIRED EVERY 6 MONTHS)
- PRODUCTION RESUMED (DATE \_\_\_\_\_)
- LOCATION CHANGE (SUBMIT NEW PLAT)
- WELL NAME CHANGE
- OTHER **CASING DESIGN CHANGE**

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 **5.23.93 — 6.18.93**

ORIGINAL PROGNOSIS AND WELL PERMIT CASING PROGRAM CALLED FOR:

- ① 13" HOLE TO 400', SET 10 3/4" CSG, CMT TO SURFACE;
- ② 8 3/4" HOLE TO 2450', SET 7" CSG, CMT W/ 150 SX.

ACTUAL CASING RUN:

- ① 12 1/2" HOLE TO 402', SET 9 5/8" CSG, CMT TO SURFACE;
- ② 8 1/2" HOLE TO 2448', SET 7" CSG, CMT W/ 635 SX.

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

SIGNED

TELEPHONE NO. **303-592-5157**

NAME (PRINT) **STEPHEN M. STRACHAN** TITLE **PRESIDENT**

DATE **8.31.93**

(This space for Federal or State office use)

APPROVED

TITLE **SR. PETROLEUM ENGINEER**  
**O & G Cons. Comm.**

DATE **FEB 09 1994**

CONDITIONS OF APPROVAL, IF ANY:

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

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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.)

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 <b>CASING DESIGN CHANGE</b>			5. FEDERAL/INDIAN OR STATE LEASE NO. <b>N/A</b>
2. NAME OF OPERATOR <b>STRACHAN EXPLORATION, INC.</b>			6. PERMIT NO. <b>93-610</b>
3. ADDRESS OF OPERATOR <b>1675 BROADWAY, SUITE 2330</b>			7. API NO. <b>05-103-9607</b>
CITY <b>DENVER</b>	STATE <b>CO</b>	ZIP CODE <b>80202</b>	8. WELL NAME <b>EXXON</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <b>600' FWL, 1250' FSL</b>			9. WELL NUMBER <b>#1</b>
At proposed prod. zone <b>SAME</b>			10. FIELD OR WILDCAT <b>SOUTH PICEANCE CREEK</b>
12. COUNTY <b>RIO BLANCO</b>			11. QTR. QTR. SEC., T.R. AND MERIDIAN <b>SW SW 18, T3S-R9S, 6<sup>TH</sup> PM</b>

**RECEIVED**  
**SEP - 2 1993**  
COLO. OIL & GAS CONS. COMM.

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 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/Commingled 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 checked="" type="checkbox"/> OTHER <b>CASING DESIGN CHANGE</b>
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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 **5-23-93 — 6-18-93**

ORIGINAL PROGNOSIS AND WELL PERMIT CASING PROGRAM CALLED FOR:

- ① 13" HOLE TO 400', SET 10<sup>3</sup>/<sub>4</sub>" CSG, CMT TO SURFACE;
- ② 8<sup>3</sup>/<sub>4</sub>" HOLE TO 2450', SET 7" CSG, CMT W/ 150 SX.

ACTUAL CASING RUN:

- ① 12<sup>1</sup>/<sub>2</sub>" HOLE TO 402', SET 9<sup>5</sup>/<sub>8</sub>" CSG, CMT TO SURFACE;
- ② 8<sup>1</sup>/<sub>2</sub>" HOLE TO 2448', SET 7" CSG, CMT W/ 635 SX.

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

SIGNED *Stephen M. Strachan* TELEPHONE NO. **303-592-5157**  
 NAME (PRINT) **STEPHEN M. STRACHAN** TITLE **PRESIDENT** DATE **8-31-93**

(This space for Federal or State office use)

APPROVED *Ed A. Mattes* TITLE **SR. PETROLEUM ENGINEER** DATE **FEB 09 1994**  
 CONDITIONS OF APPROVAL, IF ANY: **O & G Cons. Comm.**