



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 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		5. FEDERAL/INDIAN OR STATE LEASE NO.
2. NAME OF OPERATOR H S RESOURCES, INC.		6. PERMIT NO.
3. ADDRESS OF OPERATOR 3939 CARSON AVENUE		7. API NO.
CITY EVANS	STATE CO	8. WELL NAME HSR-Bradt/Susie Q
ZIP CODE 80620		9. WELL NUMBER 1-3
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 14 below.) At surface 660' FNL & 660' FEL At proposed production zone		10. FIELD OR WILDCAT Wildcat
12. COUNTY Weld		11. QTR. QTR. SEC., T.R. AND MERIDIAN NE NE Sec. 3-T7N-R61W 6TH P.M.

RECEIVED

FEB 15 1995

COLO. OIL & GAS CONS. COM

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

<p>13A. NOTICE OF INTENTION TO:</p> <p><input type="checkbox"/> PLUG AND ABANDON</p> <p><input checked="" type="checkbox"/> MULTIPLE COMPLETION</p> <p><input checked="" type="checkbox"/> COMMINGLE ZONES</p> <p><input checked="" type="checkbox"/> FRACTURE TREAT</p> <p><input type="checkbox"/> REPAIR WELL</p> <p><input type="checkbox"/> OTHER:</p>	<p>13B. SUBSEQUENT REPORT OF:</p> <p><input type="checkbox"/> FINAL PLUG AND ABANDONMENT SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG)</p> <p><input type="checkbox"/> ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS)</p> <p><input type="checkbox"/> REPAIRED WELL</p> <p><input type="checkbox"/> OTHER: *Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingled Completions and Recompletions</p>	<p>13C. NOTIFICATION OF:</p> <p><input type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONED DATE: (REQUIRED EVERY 6 MONTHS)</p> <p><input type="checkbox"/> PRODUCTION RESUMED DATE:</p> <p><input type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT)</p> <p><input type="checkbox"/> WELL NAME CHANGE</p> <p><input type="checkbox"/> OTHER:</p>
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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

See attachment

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

SIGNED Larry Webb PHONE NO. 303-330-0614

NAME (PRINT) Larry Webb TITLE Area Manager DATE 2/14/95

(This space for Federal or State office use)

APPROVED [Signature] TITLE _____ DATE 2/24/95

CONDITIONS OF APPROVAL, IF ANY: **TESTING OF J. D. SUSSEX, SHANNON ALLOWED. COMMINGLING OF ZONES NOT APPROVED WITHOUT EVIDENCE OF RESERVOIR COMPATIBILITY.**