

OGCC
Re.



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

FOR OFFICE USE			
ET	FE	UC	SE

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

5. LEASE DESIGNATION & SERIAL NO. **C**

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"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR <u>BERKSON MINERAL GROUP, INC.</u>		8. FARM OR LEASE NAME <u>TUPPS</u>	
3. ADDRESS OF OPERATOR <u>1536 COLE BLVD, Ste 220 GOLDEN CO 80401</u>		9. WELL NO. <u>4-32</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>1800' FNL & 2040' FEL</u> At proposed prod. zone		10. FIELD AND POOL, OR WILDCAT <u>BEAR GULCH</u>	
14. PERMIT NO. <u>82-1156</u>		12. COUNTY <u>ADAMS</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>5415' GR</u>		13. STATE <u>CO</u>	

16. 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 checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL, (Other) <input type="checkbox"/>	CHANGE PLANS. <input type="checkbox"/>	(Other) <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 _____ * Must be accompanied by a cement verification report.

- 1) Run wire ^{line} bridge plug, set at 8020 feet.
- 2) Dump 4 sacks cement on CIBP.
- 3) Cut casing off at + 5,000', lay down casing.
- 4) TIH with tubing and set 50' minimum plugs to isolate all freshwater zones. Fifty (50) sack cement plugs shall be set at base of Fox Hills formation 11660 feet, top of Fox Hills formation 1390 feet and base of Denver formation 470 feet.
- 5) Pull up and set 50' plug starting 25' below surface casing shoe (35 sacks).
- 6) Pull up and set 5 sack plug at 20' and cut off surface casing 4' below ground level.
- 7) Weld cap or steel plate on surface casing.
- 8) Backfill and reclaim location for OGCC inspection.

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

PRINT THOMAS G. McCOURT

SIGNED T.G. McCourt TITLE PROD DEPT DATE 4-18-89

(This space for Federal or State office use)

APPROVED BY J. H. Jewell TITLE SURV DATE 5/2/89

CONDITIONS OF APPROVAL, IF ANY: