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STATE OF COLORADO
CONSERVATION COMMISSION NOV 22 1991
DEPARTMENT OF NATURAL RESOURCES



121-10373

SUBMIT ORIGINAL AND 1 COPY

COLO. OIL & GAS CONS. COMM

| FOR OFFICE USE ONLY | | | |
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| 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 checked="" type="checkbox"/> OIL WELL <input 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 Skaer Enterprises, Inc. | | 6. PERMIT NO. 88-489 |
| 3. ADDRESS OF OPERATOR P.O. Box 22418 | | 7. API NO. 05 121 10373 |
| CITY STATE ZIP CODE Denver Colorado 80222 | | 8. WELL NAME Jesse |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface NE SW | | 9. WELL NUMBER 1-X |
| At proposed prod. zone same | | 10. FIELD OR WILDCAT Ruby |
| 12. COUNTY Washington | | 11. QTR. QTR. SEC., T.R. AND MERIDIAN NE SW S22 T2N R54W |

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/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 Restoration

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 October 15, 1991

All risers, junk & debris, cement pads and equipment have been cleared from the site. Cellar has been closed. Surface restoration has been completed per your specifications.



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

SIGNED [Signature] TELEPHONE NO. 320-1071

NAME (PRINT) L.E. Skaer TITLE Vice President DATE 11-21-91

(This space for Federal or State office use)

APPROVED [Signature] TITLE Engineer DATE 12-18-91

CONDITIONS OF APPROVAL, IF ANY: