



OGCC FORM 4
Rev 3-89

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.)

5 FEDERAL INDIAN OR STATE LEASE NO.

<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		6 PERMIT NO 82-2078
2 NAME OF OPERATOR Diamondback Oil Corporation		7 API NO 05 001 8239
3 ADDRESS OF OPERATOR 6901 S. Pierce Street, Suite 360		8 WELL NAME Larson
CITY STATE ZIP CODE Littleton Colorado 80123		9 WELL NUMBER 4-12
4 LOCATION OF WELL (Report location clearly and in accordance with any State requirements See also space 17 below) At surface 660' FWL & 1980' FSL		10 FIELD OR WILDCAT Bear Gulch
At proposed prod. zone same		11 QTR. QTR. SEC., T.R. AND MERIDIAN NW SW 4-3S-64W
12 COUNTY Adams		

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 checked="" type="checkbox"/> OTHER Final Site Reclamation <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 type="checkbox"/> 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 3-5-92

The well and lease sites have been reclaimed. The sites are ready for your final inspection. Please provide us with a written notice that the well has been released from our blanket bond.

This well is approved for bond release. PA=4

RECEIVED

MAR 20 1992

COLO. OIL & GAS CONS. COMM.

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

SIGNED Gregory N. Schmidt TELEPHONE NO. 932-2090
 NAME (PRINT) Gregory N. Schmidt TITLE President DATE 3-18-92

(This space for Federal or State office use)

APPROVED [Signature] TITLE S.P.K. DATE 3/25/92
 CONDITIONS OF APPROVAL, IF ANY: X