



00260152

OGCC FORM 4  
Rev 8/89

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

SUBMIT ORIGINAL AND 1 COPY



FOR OFFICE USE ONLY			
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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.)

<input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input checked="" type="checkbox"/> INJECTION WELL <input type="checkbox"/> OTHER			5 FEDERAL INDIAN OR STATE LEASE NO
2 NAME OF OPERATOR Tom Brown Inc			6 PERMIT NO
3 ADDRESS OF OPERATOR 141 Union Blvd			7 API NO 05-057-7051 ✓
CITY Lakewood	STATE Co.	ZIP CODE 80228	8 WELL NAME Blevins
4 LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660'FSL 660'FEL At proposed prod zone Sec3,T9N,R78W			9 WELL NUMBER A-2
12 COUNTY Jackson			10 FIELD OR WILDCAT Canadian River
			11 QTR. QTR. SEC. T.R. AND MERIDIAN SE Sec3,T9N,R78W ✓

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

<b>13A. NOTICE OF INTENTION TO:</b> <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 _____	<b>13B. SUBSEQUENT REPORT OF:</b> <input checked="" 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 reports of Multiple/Commungled Completions and Recompletions</small>	<b>13C. NOTIFICATION OF:</b> <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 _____
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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 Dec 96

- Pump LCM in to perfs. Follow with 60 sks cement in and out of packer. Top packer at 1687'.
- Tag cement at 1500'.
- Found cement to surface behind 8 5/8" casing. Reported this to Dave Shelton and it was decided that a top plug would be sufficient to finish plugging well.
- Set a 20 sk cement plug at surface.
- Cut off head 4' below surface and weld on plate with well info.

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

SIGNED William J. Rippey Jr. TELEPHONE NO. 970-858-3736  
 NAME (PRINT) BILL RIPPY TITLE CONTRACTOR DATE 12/13/96

(This space for Federal or State office use)  
 APPROVED [Signature] TITLE \_\_\_\_\_ DATE 12/27/96  
 CONDITIONS OF APPROVAL, IF ANY:



5643

WYATT REDI-MIX  
P.O. BOX 1052  
WALDEN, COLORADO 80480

NAME <i>RIDDY WELL SERVICES</i>	DATE <i>12/8/96</i>
ADDRESS <i>TOM BROWN</i>	DELIVERY TIME
JOB LOCATION <i>WELL # 2 A-2</i>	

QUANTITY	DESCRIPTION	PRICE	AMOUNT
<i>60 sacks</i>	<i>slurry</i>	<i>660</i>	<i>00</i>
	FIBER		
	HI-EARLY		
<i>X</i>	HOT WATER		
	COLOR <i>milage</i>	<i>32.00</i>	
	TAX	<i>41.52</i>	
	TRUCK TIME	<i>1</i>	
	TOTAL	<i>733</i>	<i>52</i>

ROCK \_\_\_\_\_ LBS. % OF MOISTURE \_\_\_\_\_ %  
 SAND \_\_\_\_\_ LBS. % OF MOISTURE \_\_\_\_\_ % TOTAL AGG. \_\_\_\_\_  
 CEMENT \_\_\_\_\_ LBS.  
 WATER \_\_\_\_\_ GALS.  
 AIR \_\_\_\_\_ OZS./CWT HI-EARLY \_\_\_\_\_ OZS./CWT.  
 RETARDER \_\_\_\_\_ OZS./CWT REDUCER \_\_\_\_\_ OZS./CWT  
 BATCH TIME \_\_\_\_\_ A.M./P.M.  
 WATER ADDED AT SITE \_\_\_\_\_ GALS.  
 O.A.T. \_\_\_\_\_

Freshly mixed cement, mortars, grout or concrete may cause skin irritation. Avoid direct contact where possible and wash exposed area promptly with water. If any of the cementitious materials gets into the eyes, rinse immediately with water and get prompt medical attention. Keep out of reach of children.

All accounts are due and payable on the 10th of the month following the charge. Unless previous arrangements have been made, bills not paid by the 10th will be considered past due and a service charge will be added on the unpaid balance at the rate of 1.5% per month (ANNUAL PERCENTAGE RATE 18%). If legal action is necessary to enforce collection, the customer agrees to pay attorneys fees.

Order Received By *[Signature]*



5568

### WYATT REDI-MIX

P.O. BOX 1052  
WALDEN, COLORADO 80480

NAME RIPPY WALL SERVICE DATE 12/9/96

ADDRESS \_\_\_\_\_ DELIVERY TIME \_\_\_\_\_

JOB LOCATION A-2

QUANTITY	DESCRIPTION	PRICE	AMOUNT
<u>20 sacks</u>	<u>Wurry</u>	<u>270.00</u>	
	FIBER		
	HI-EARLY		
	HOT WATER		
	COLOR <u>mud</u>	<u>32.00</u>	
	TAX	<u>15.12</u>	
	TRUCK TIME		
	TOTAL		<u>267.12</u>

ROCK \_\_\_\_\_ LBS. % OF MOISTURE \_\_\_\_\_ %  
 SAND \_\_\_\_\_ LBS. % OF MOISTURE \_\_\_\_\_ % TOTAL AGG. \_\_\_\_\_  
 CEMENT \_\_\_\_\_ LBS.  
 WATER \_\_\_\_\_ GALS.  
 AIR \_\_\_\_\_ OZS./CWT HI-EARLY \_\_\_\_\_ OZS./CWT.  
 RETARDER \_\_\_\_\_ OZS./CWT REDUCER \_\_\_\_\_ OZS./CWT  
 BATCH TIME \_\_\_\_\_ A.M./P.M.  
 WATER ADDED AT SITE \_\_\_\_\_ GALS.  
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