



OGCC FORM 4
Rev 6/89

00261236

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

SUBMIT ORIGINAL AND 1 COPY

Post-it® Fax Note	7671	Date	5/1/96	# of pages	
To	Ed Binkley	From	Al Powell		
Co./Dept.		Co.			
Phone #	970-842	Phone #			
Fax #	446	Fax #			

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.)

OIL WELL GAS WELL COALBED METHANE INJECTION WELL OTHER

1 NAME OF OPERATOR
Headington Oil Company

1 ADDRESS OF OPERATOR
7114 W. Jefferson Ave., Ste 213

CITY STATE ZIP CODE
Denver CO 80235

2 LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
660' FSL 1320' FWL Sec. 12-10N-47W

11 COUNTY
Sedgwick

3 FEDERAL INDIAN OR STATE LEASE NO.
4 PERMIT NO.
5 API NO.
05-115-6045
6 WELL NAME
State
7 WELL NUMBER
4
10 FIELD OR WILDCAT
N. Marks Butte
11 QTR OTR SEC. T.R. AND MERIDIAN
C S1/2 SW/4 Sec. 12
T10N-47W

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 3 - Well Completion or Re-completion Report and Log for subsequent report of Multiple Commingled Completions and Re-completions

13C. NOTIFICATION OF:

- SHUT-IN TEMPORARILY ABANDONED (DATE _____) (REQUIRED EVERY 6 MONTHS)
- PRODUCTION RESUMED (DATE _____)
- LOCATION CHANGE (SUBMIT NEW PLAT)
- WELL NAME CHANGE
- OTHER Field inspection

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, 4/24/96

- 1) Location cellar backfilled.
- 2) Location graded & re-seeded.
- 3) Pumping unit removed and moved to yard.

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

SIGNED [Signature] TELEPHONE NO. (303) 969-8280

NAME (PRINT) Alfred R. Powell TITLE Division Manager DATE 4/30/96

(This space for Federal or State office use)

APPROVED [Signature] TITLE Area Engineer DATE 5-1-96
CONDITIONS OF APPROVAL, IF ANY: