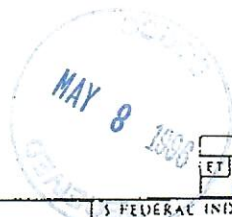




STATE OF COLORADO  
OIL AND GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES

SUBMIT ORIGINAL AND 1 COPY



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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.)

1  OIL WELL     GAS WELL     COALBED METHANE     INJECTION WELL     OTHER

2 NAME OF OPERATOR  
Headington Oil Company

3 ADDRESS OF OPERATOR  
7114 W. Jefferson Ave. Suite 213  
CITY STATE ZIP CODE  
Denver CO 80235

4 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  
At proposed prod. zone

12 COUNTY  
Sedgwick

5 FEDERAL INDIAN OR STATE LEASE NO

6 PERMIT NO

7 API NO  
05-115-6045

8 WELL NAME  
State

9 WELL NUMBER  
4

10 FIELD OR WILDCAT  
N. Marks Butte

11 QTR QTR SEC., T.R. AND MERIDIAN  
C S1/2 SW/4 Sec. 12-10N-R47W

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/Commungled 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 \_\_\_\_\_

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 8/95

- 1) Set CIBP on wireline @ 4850' ✓
- 2) Pumped into well.
- 3) MIRU Yetter Well Service.
- 4) Cut csg off @ fine point @ 970'.
- 5) Pumped 50 sxs cmt plug down 2 3/8" tbg @ 600' 1/2" & 1 1/2" out of surf csg
- 6) POOH w/tbg & free casing.
- 7) Pump 10 sxs cmt plug @ surface.
- 8) Cut off csg & installed welded plate across casing.
- 9) Back filled cellar; moved off equipment & graded location.

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

SIGNED  TELEPHONE NO. 303-969-8280

NAME (PRINT) Alfred R. Powell TITLE Division Manager DATE 5/6/96

(This space for Federal or State office use)

APPROVED \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

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

SUBMIT ORIGINAL AND 1 COPY



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<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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
7 NAME OF OPERATOR <u>Headington Oil Company</u>		7 API NO <u>05-115-6045</u>
8 ADDRESS OF OPERATOR <u>7114 W. Jefferson Ave., Suite 213</u>		8 WELL NAME <u>State</u>
CITY                      STATE                      ZIP CODE <u>Denver                      CO                      80235</u>		9 WELL NUMBER <u>4</u>
4 LOCATION OF WELL (Report location clearly and in accordance with any State requirements See also space 17 below ) At surface <u>660' FSL &amp; 1320' FWL Sec. 12-10N-47W</u> At proposed prod zone		10 FIELD OR WILDCAT <u>N. Marks Butte</u>
12 COUNTY <u>Sedgwick</u>		11 QTR QTR SEC. T.R. AND MERIDIAN <u>C S1/2 SW/4 Sec. 12-10N-R47W</u>

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 type="checkbox"/> FINAL PLUG AND ABANDONMENT (SUBMIT JRD 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 3 - Well Completion or Recompletion Report and Log for subsequent report 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 checked="" type="checkbox"/> OTHER _____
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