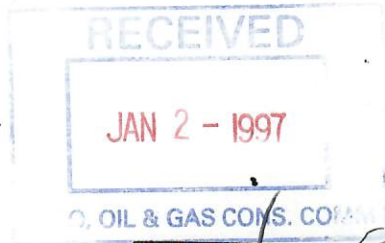




99999999 OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES



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.)

| | | |
|--|--|---|
| <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. |
| 6 PERMIT NO. | | 7 API NO. 05-057-0631400 |
| 8 NAME OF OPERATOR Noffsinger Mfg Co Inc | | 8 WELL NAME Blevins B Streit Ranch |
| 9 ADDRESS OF OPERATOR P.O. Box 488, 500 6th Ave | | 9 WELL NUMBER 35 |
| CITY STATE ZIP CODE Greeley CO 80631 | | 10 FIELD OR WILDCAT Canadian River |
| 4 LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface SWNE Sec11, T9N, R78W | | 11 QTR. QTR. SEC., T.R. AND MERIDIAN SWNE Sec11, T9N, R78W |
| At proposed prod zone | | 12 COUNTY Jackson |

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 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/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 Nov 96 # 13423

1. Circulate 20 sks cement from 170' to surface.
2. Cut head off 4' below GL and weld plate on with well info.
3. Rehab location.

EXHAUSTED OIL WELL



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

SIGNED William J. Rippy Jr. TELEPHONE NO. 970-858-3736

NAME (PRINT) BILL RIPPY TITLE CONTRACTOR DATE 12/20/96

(This space for Federal or State office use)

APPROVED [Signature] TITLE _____ DATE 1/24/97

CONDITIONS OF APPROVAL, IF ANY: