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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			
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. CO 0123066
1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input checked="" type="checkbox"/> OTHER			6. PERMIT NO. 931 339
2. NAME OF OPERATOR Jack J. Grynberg		7. API NO. 05 081-6819	
3. ADDRESS OF OPERATOR 5000 S. Quebec St., Ste. 500		8. WELL NAME Federal	
CITY Denver	STATE CO	ZIP CODE 80237	9. WELL NUMBER 6-35
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1833 FEL 1949 FNL			10. FIELD OR WILDCAT Blue Gravel
At proposed prod. zone			11. QTR. QTR. SEC., T.R. AND MERIDIAN SW NE Sec 35, T9N, R91W
12. COUNTY Moffat			

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 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 _____
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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 January 16, 1994

Set cement plugs as follows:

- 40 sax 3620 to 3506 Across top Lewis Shale
- 33 sax 2543 to 2443 Across Ft. Union-Lance
- 36 sax 400 to 300 Across 8 5/8 casing shoe
- 20 sax 50-surface Surface plug.

RECEIVED
FEB 18 1994

COLD. OIL & GAS CONS. COMM.

* NOTE: COGCC requires advance approval of plugging procedures.

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

SIGNED K.R. McKinney TELEPHONE NO. (303)850-7490

NAME (PRINT) K. R. McKinney TITLE Engineer DATE 2/16/94

(This space for Federal or State office use)

APPROVED J. Adkins TITLE Prof. Eng I DATE 4/29/94

CONDITIONS OF APPROVAL, IF ANY: