



STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES
SUBMIT ORIGINAL AND 1 COPY

02-120 11333
600# 336255
SW 4-2N-67W

FOR OFFICE USE			
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SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen of plug back to a different reservoir.
Use "APPLICATION FOR PERMIT-" for such proposals.)

1. <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.	
2. NAME OF OPERATOR SNYDER OIL CORPORATION			6. PERMIT NO. 93-1549	
3. ADDRESS OF OPERATOR 1625 Broadway, Suite 2200			7. API NO. 05123175350000	
CITY STATE ZIP CODE Denver CO 80202			8. WELL NAME WADDLE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 14 below.) At surface 1832'FNL & 711'FWL At proposed production zone SAME			9. WELL NUMBER 24-5L	
			10. FIELD OR WILDCAT WATTENBERG CODELL	
12. COUNTY WELD			11. QTR. QTR. SEC., T.R. AND MERIDIAN 6TH PM SWNW 24 T3N R67W	

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

<p>13A. NOTICE OF INTENTION TO:</p> <p><input type="checkbox"/> PLUG AND ABANDON</p> <p><input type="checkbox"/> MULTIPLE COMPLETION</p> <p><input type="checkbox"/> COMMINGLE ZONES</p> <p><input type="checkbox"/> FRACTURE TREAT</p> <p><input type="checkbox"/> REPAIR WELL</p> <p><input type="checkbox"/> OTHER:</p>	<p>13B. SUBSEQUENT REPORT OF:</p> <p><input type="checkbox"/> FINAL PLUG AND ABANDONMENT SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG)</p> <p><input type="checkbox"/> ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS)</p> <p><input type="checkbox"/> REPAIRED WELL</p> <p><input type="checkbox"/> OTHER: *Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingle Completions and Recompletions</p>	<p>13C. NOTIFICATION OF:</p> <p><input type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONED DATE: (REQUIRED EVERY 6 MONTHS)</p> <p><input type="checkbox"/> PRODUCTION RESUMED DATE:</p> <p><input type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT)</p> <p><input type="checkbox"/> WELL NAME CHANGE</p> <p><input checked="" type="checkbox"/> OTHER: WATER BASE BENTONITIC TREATMENT PLAN Rule No 911</p>
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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

SEE ATTACHED NOTICE OF LAND TREATMENT OF WATER-BASED BENTONITIC DRILLING FLUIDS.

THIS IS THE FINAL RECLAMATION
NO FURTHER RECLAMATION WILL BE PERFORMED.

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

SIGNED Mike Iske ST

NAME (PRINT) MIKE ISKE

TITLE ENGR. TECH.

PHONE N (303) 330-2200

DATE 03/28/94 4/8/94

(This space for Federal or State office use)

APPROVED Reviewed by DEB
CONDITIONS OF APPROVAL, IF ANY:

TITLE EPS

DATE 8/17/95