



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

SUBMIT ORIGINAL AND 1 COPY



FOR OFFICE USE ONLY			
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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.)

<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			5 FEDERAL INDIAN OR STATE LEASE NO FEE & COMMUNITIZED WITH SOUTHERN UTE
2 NAME OF OPERATOR PABLO OPERATING COMPANY			6 PERMIT NO I-4080
3 ADDRESS OF OPERATOR 1000 BALLPARK WAY, SUITE 300			7 API NO SEE BELOW
CITY ARLINGTON,	STATE TEXAS	ZIP CODE 78011	8 WELL NAME JAQUES
4 LOCATION OF WELL (Report location clearly, and in accordance with any State requirements. See also space 17 below.) At surface SEE BELOW			9 WELL NUMBER #1, 2X, 3, 4, 5 & 6
At proposed prod. zone			10 FIELD OR WILDCAT IGNACIO-BLANCO
12 COUNTY LA PLATA			11 QTR QTR SEC. T.R. AND MERIDIAN ALL SECTION 27 T33N-R8W NMPM

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 reports of Multiple Commingled 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 CATHODIC PROTECTION HOLES

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 _____

TO REPORT THAT THERE ARE NO CATHODIC PROTECTION HOLES ON THE LEASE

JAQUES NO. 1 - SE/NW	SEC. 27 (MESAVERDE)	-	API 05-067-5294
JAQUES NO. 2X - NW/SE	SEC. 27 (MESAVERDE)	-	API 05-067-6438
JAQUES NO. 3 - NW/NE	SEC. 27 (MESAVERDE)	-	API 05-067-6274
JAQUES NO. 4 - NW/SW	SEC. 27 (MESAVERDE)	-	API 05-067-6275
JAQUES NO. 5 - SE/NW	SEC. 27 (FRUITLAND COAL SEAM)	-	API 05-067-7693
JAQUES NO. 6 - NW/SE	SEC. 27 (FRUITLAND COAL SEAM)	-	API 05-067-7692

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

SIGNED Bruce L. Heller TELEPHONE NO. 970-247-4036
HELMUR CORPORATION - CONTRACT SERVICE OPERATOR - P.O. BOX 1507 DURANGO, CO 81302
NAME (PRINT) BRUCE L. HELLER TITLE GENERAL MANAGER DATE 9-11-95

(This space for Federal or State office use)

APPROVED _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY