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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 table with columns 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.)

Main form fields: 1. OIL WELL, GAS WELL, COALBED METHANE, INJECTION WELL, OTHER; 2. NAME OF OPERATOR: PABLO OPERATING COMPANY; 3. ADDRESS OF OPERATOR: 1000 BALLPARK WAY, SUITE 300, ARLINGTON, TEXAS 78011; 4. LOCATION OF WELL: SEE BELOW; 5. FEDERAL INDIAN OR STATE LEASE NO: FEE & COMMUNITIZED WITH SOUTHERN UTE; 6. PERMIT NO: I-4080; 7. API NO: SEE BELOW; 8. WELL NAME: JAQUES; 9. WELL NUMBER: #1, 2X, 3, 4, 5 & 6; 10. FIELD OR WILDCAT: IGNACIO-BLANCO; 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, ABANDONED LOCATION, REPAIRED WELL, OTHER; 13C. NOTIFICATION OF: SHUT-IN TEMPORARILY ABANDONED, PRODUCTION RESUMED, LOCATION CHANGE, 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

Table with 3 columns: Well No., Location (SE/NW, NW/SE, NW/NE, NW/SW, SE/NW, NW/SE), Section (SEC. 27), and API No. (5294, 6438, 6274, 6275, 7693, 7692)

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

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

(This space for Federal or State office use)

APPROVED _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY