

OGCC FORM 4
Rev. 8/89STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

SUBMIT ORIGINAL AND 1 COPY

AUG 15 1996

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)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input type="checkbox"/> OTHER			3. FEDERAL INDIAN OR STATE LEASE NO.
2. NAME OF OPERATOR Evergreen Operating Corporation			6. PERMIT NO. PIT FAC ID # 95-0158 112921
3. ADDRESS OF OPERATOR 1512 Larimer St., Suite 1000			7. API NO. 05-071-6244
CITY Denver	STATE CO	ZIP CODE 80202	8. WELL NAME Rudy Bo
4. LOCATION OF WELL: (Report location clearly and in accordance with any State requirements. See also space 17 below) At surface 2100' FNL & 286' FEL			9. WELL NO. 12-16
At proposed prod zone Same			10. FIELD AND POOL OR WILDCAT W. Spanish Peak
12. COUNTY Las Animas			11. QTR, QTR SEC, T.R. AND MERIDIAN SW/NW SEC. 16 T33S-R65W 6 PM

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

13A. NOTICE OF INTENTION TO:	13B. SUBSEQUENT REPORT OF:	13D. NOTIFICATION OF:
<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 _____	<input 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 checked="" type="checkbox"/> OTHER <u>BACKFILL EVAPORATIVE PIT</u> <small>* Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple Commingled Completions and Recompletions</small>	<input type="checkbox"/> SHUT-IN TEMPORARILY ABANDONED (DATE _____) (REQUIRED EVERY 6 MONTHS) <input type="checkbox"/> PRODUCTION RESUMED (DATE _____) <input checked="" type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT) <input type="checkbox"/> WELL NAME CHANGE <input checked="" 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 7/23/96

The evaporative pit as permitted by the Colorado Oil & Gas Conservation Commission has been backfilled and coutoured as closely as possible to the original contours. Reseeding will take place within 60 days. Seed mixtures used will be in accordance with the local soil conservation board recommendations and landowner requests.

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

SIGNED

Stephanie BaseyTELEPHONE NO. (303) 534-0400NAME (PRINT) STEPHANIE BASEYTITLE FIELD PRODUCTION SUPERVISOR DATE 8/6/96

(This space for Federal or State office use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE