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STATE OF COLORADO
CONSERVATION COMMISSION
OF NATURAL RESOURCES

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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 checked="" 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 CANNON RESOURCES, INC.			6. PERMIT NO. 90-308
3. ADDRESS OF OPERATOR 660 "O" STREET CITY: GREELEY STATE: CO. ZIP CODE: 80631			7. WELL NAME HOWARD
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface: 660 FSL, 1980 FEL At proposed prod. zone: SAME			8. WELL NUMBER 15-27
12. COUNTY WELD			10. FIELD OR WILDCAT Wallenberg
			11. QTR. QTR. SEC., T.R. AND MERIDIAN SW 1/4 SE 1/4 SEC. 27-T6N-R64W

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

13A. NOTICE OF INTENTION TO: <input type="checkbox"/> PLUG AND ABANDON <input checked="" type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> COMMINGLE ZONES <input checked="" type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> OTHER	13B. SUBSEQUENT REPORT OF: <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 type="checkbox"/> OTHER <small>*Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingle 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: 4-27-90 PROPOSE TO FRAC THE CODELL/ NIOBRARA FORMATION WITH 285,000# PROPPANT ALONG WITH 90,000 GAL. FLUID. CEMENT TOP: 6143, NIOBRARA TOP: 6569, CODELL TOP: 6875.
 PERFORATIONS: NIOBRARA A: 6579, 6584, 6587
 B: 6687, 6691, 6695, 6697, 6700, 6704
 C: None

RECEIVED

APR 25 1990

COLO. OIL & GAS CONG. COMM

CODELL: 6863, 6864, 6865, 6868, 6870
 SPF: 1 shot ea. SIZE BULLET: .45 jet
 foot shown
 CBL ENCLOSED NO OTHER OPERATOR WITHIN A 1/2 MILE RADIUS.

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

SIGNED: SAM CADY
 NAME (PRINT): Sam Cady TITLE: TECHNICIAN DATE: 4-20-90
 (This space for Federal or State office use)



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TELEPHONE NO. (303) 352-8125

APPROVED _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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