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

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.)

5. FEDERAL INDIAN OR STATE LEASE NO.

1. OIL WELL GAS WELL COALBED METHANE INJECTION WELL OTHER

6. PERMIT NO. 94-835

2. NAME OF OPERATOR
SNYDER OIL CORPORATION

7. API NO. 0512311681

3. ADDRESS OF OPERATOR
1625 Broadway, Suite 2200

8. WELL NAME
ELLS

CITY STATE ZIP CODE
Denver CO 80202

9. WELL NUMBER
9-14H6

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 14 below.)

At surface
665'FSL & 2005'FWL

At proposed production zone
SAME

12. COUNTY
WELD

10. FIELD OR WILDCAT
WATTENBERG CODELL/NIORRARA

11. QTR. QTR. SEC., T.R. AND MERIDIAN
6TH PM
SESW 9 T5N R66W

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 report of Multiple/Commingle 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:

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

ABANDON LOCATION - WELL NEVER DRILLED.
SURFACE LOCATION WAS NEVER DISTURBED.

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

SIGNED Anne G Kremer

PHONE N (303) 592-8500

NAME (PRINT) Anne G. Kremer

TITLE Geologist

DATE 10/05/95

(This space for Federal or State office use)

APPROVED [Signature]
CONDITIONS OF APPROVAL, IF ANY:

TITLE RCPT

DATE 10-30-95