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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.)

1. <input checked="" type="checkbox"/> OIL WELL <input 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 SNYDER OIL CORPORATION			6. PERMIT NO. 94-835
3. ADDRESS OF OPERATOR 1625 Broadway, Suite 2200			7. API NO. 0512311681
CITY Denver	STATE CO	ZIP CODE 80202	8. WELL NAME ELLS
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			9. WELL NUMBER 9-14H6
			10. FIELD OR WILDCAT WATTENBERG CODELL/NIORRARA
12. COUNTY WELD			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:	13B. SUBSEQUENT REPORT OF:	13C. NOTIFICATION OF:
<input type="checkbox"/> PLUG AND ABANDON	<input type="checkbox"/> FINAL PLUG AND ABANDONMENT SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG	<input type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONED DATE: (REQUIRED EVERY 6 MONTHS)
<input type="checkbox"/> MULTIPLE COMPLETION	<input checked="" type="checkbox"/> ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS)	<input type="checkbox"/> PRODUCTION RESUMED DATE:
<input type="checkbox"/> COMMINGLE ZONES	<input type="checkbox"/> REPAIRED WELL	<input type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT)
<input type="checkbox"/> FRACTURE TREAT	<input type="checkbox"/> OTHER: *Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingle Completions and Recompletions	<input type="checkbox"/> WELL NAME CHANGE
<input type="checkbox"/> REPAIR WELL		<input type="checkbox"/> OTHER:
<input 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

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] TITLE RCPT DATE 10-30-95
CONDITIONS OF APPROVAL, IF ANY: