

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES



File in duplicate for Patented and Federal lands.
File in triplicate for State lands.

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> Temporarily Abandoned		5. LEASE DESIGNATION & SERIAL NO. ---	
2. NAME OF OPERATOR Okmar Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---	
3. ADDRESS OF OPERATOR P. O. Box 5850, Denver, Colorado 80217		7. UNIT AGREEMENT NAME ---	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330' FSL & 330' FEL (NW/4) Section 28, T8N, R53W At proposed prod. zone Same		8. FARM OR LEASE NAME Dollerschell	
14. PERMIT NO. Unknown		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4139' DF		10. FIELD AND POOL, OR WILDCAT S. Springdale	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28-8N-53W	
		12. COUNTY Logan	13. STATE Colorado

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	FULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL. <input type="checkbox"/>	CHANGE PLANS. <input type="checkbox"/>	(Other) Status Update <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(Note: Report results of multiple completion on Well Completion or Recompletion Report and L&E form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (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 to this work.)

18. Date of work _____ * Must be accompanied by a cement verification report.

As per our Sundry Notice dated October 16, 1986, the subject well is temporarily abandoned. The well remains in a temporarily abandoned status at this time.



RECEIVED

MAY 16 1990

COLO. OIL & GAS CONS. COMM.

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

SIGNED Donn W. Murphy TITLE District Petroleum Engineer DATE May 2, 1990

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

STATUS REPORT REQUIRED EVERY 6 MONTHS ON SHUT-IN & TEMPORARILY ABANDONED WELLS.