



1c in duplicate for Patented and Federal lands.
1e 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 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"/> | PULL 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) <u>Status Update</u> | <input checked="" type="checkbox"/> |
| (Other) | | (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log 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
NOV 15 1989
COLO. OIL & GAS CONS. COMM.

FOR OFFICE USE ONLY

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

SIGNED J. Roy White TITLE Operations Manager DATE November 13, 1989

(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.**