

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

SUBMIT ORIGINAL AND 1 COPY



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 type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input checked="" type="checkbox"/> OTHER		5. FEDERAL/INDIAN OR STATE LEASE NO.
2. NAME OF OPERATOR Patrick A. doheny		6. PERMIT NO. 90-849
3. ADDRESS OF OPERATOR 136 El Camino, Suite 401 CITY STATE ZIP CODE		7. API NO. 05-075-9222
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Center NW/4 NW/4 Section 23		8. WELL NAME Glassburn
At proposed prod. zone Approximately the same		9. WELL NUMBER 1 #27940
12. COUNTY Logan		10. FIELD OR WILDCAT Brule
		11. QTR. QTR. SEC., T.R. AND MERIDIAN NW/4 NW/4 Sec. 23, T10N, R52W

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 3 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingle Completions and Recompletions

13C. NOTIFICATION OF:

- ☒ SHUT-IN/TEMPORARILY ABANDONED (DATE 7-28-91) (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

Well was placed back on production on 5-22-91 and shut-in on 7-28-91 with a tubing leak. Daily production was too low to warrant remedial work at this time. Evaluating possibility of performing a squeeze job and re-perforating.

RECEIVED

OCT 15 1991

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

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

SIGNED

*Richard E. Ebener*

TELEPHONE NO. (213) 276-3154

NAME (PRINT)

Richard E. Ebener

TITLE

Agent

DATE October 10, 1991

(This space for Federal or State office use)

APPROVED

*Dennis Bicknell*

TITLE

DIRECTOR

O & G Cons. Comm

DATE

OCT 28 1991

CONDITIONS OF APPROVAL, IF ANY: