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

SUBMIT ORIGINAL AND 1 COPY

SEP 29 1996

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  OIL WELL     GAS WELL     COALBED METHANE     INJECTION WELL     OTHER

5 FEDERAL INDIAN OR STATE LEASE NO

6 PERMIT NO

2 NAME OF OPERATOR

Tom Brown Inc.

7 API NO

05-057-5011

3 ADDRESS OF OPERATOR

141 Union Blvd. Suite 400

8 WELL NAME  
Blevins

CITY	STATE	ZIP CODE
Lakewood	CO	80228

9 WELL NUMBER  
B-2

4 LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface

2200'FNL, 2610FWL

10 FIELD OR WILDCAT

Canadian River

At proposed prod zone

Sec3, T9N, R78W

12 COUNTY

Jackson

11 QTR. QTR. SEC., T.R. AND MERIDIAN

NW Sec3, T9N, R78W



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 \_\_\_\_\_

VP

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 reports 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 Sept 96 Will notify COGCC 48hrs prior to work.

1. Set CIBP at 50' above top perf. Perfs 1963-67' BP @ 1988'.

EXISTING CIBP

1. Option- Spot cement from 1988' to 100' above top perf.

2. Perf 5 1/2" at 368' and place 100' cement in and out of casing. 8 5/8" surface at 318'. SET 50' CEMENT IN & OUT AT SURFACE.

40 SK CMT MINIMUM

3. Cut head off 4' below GL and weld plate on with well info.

4. Rehab Location.

Note- Will spot 2 sks cement on top of CIBP.

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

SIGNED William J. Rippy Jr

TELEPHONE NO. 970-858-7736

NAME (PRINT) BILL RIPPY

TITLE CONTRACTOR

DATE 9/1/96

(This space for Federal or State office use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

9/10/96