

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 checked="" 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.  Fee
2. NAME OF OPERATOR Big Four Petroleum Company		6. PERMIT NO. 85-672
3. ADDRESS OF OPERATOR P.O. Box 1347		7. API NO. 05-099-6258
CITY STATE ZIP CODE Cushing OK 74023		8. WELL NAME Hoffman 6
4. LOCATION OF WELL. (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface S/2 SW (660' FSL, 1320' FWL) At proposed prod. zone		9. WELL NUMBER 3-30
12. COUNTY Prowers		10. FIELD OR WILDCAT Barrel Springs North
		11. QTR. QTR. SEC., T.R. AND MERIDIAN S/2 SW Sec. 30-24S-45W

Check Appropriate Box To Indicate Nature of Notice, Report or Notification

13A. NOTICE OF INTENTION TO: <input checked="" type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> COMMINGLE ZONES <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> OTHER	13B. SUBSEQUENT REPORT OF: <input type="checkbox"/> FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG) <input type="checkbox"/> ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS) <input type="checkbox"/> REPAIRED WELL <input type="checkbox"/> OTHER <small>*Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingle Completions and Recompletions</small>	13C. NOTIFICATION OF: <input type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONED (DATE _____) (REQUIRED EVERY 6 MONTHS) <input type="checkbox"/> PRODUCTION RESUMED (DATE _____) <input type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT) <input type="checkbox"/> WELL NAME CHANGE <input type="checkbox"/> OTHER
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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 approx. Aug 20, 1990

- fill 8-5/8" casing with sand to top of perforations 5016' - 5020' with 5 sx cement on top
- cut off and pull pipe above top of cement
- place 40 sx cement plug at 850'
- place 40 sx cement plug at 430' half in surface pipe and half out 450' UP
- place 5 sx cement plug at top
- cut and weld steel plate 4' below ground level
- restore location

RECEIVED

JUL 11 1990

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

COLO. OIL & GAS CONS. COMM.

SIGNED \_\_\_\_\_ TELEPHONE NO. (918) 225-2260

NAME (PRINT) Ben Anderson TITLE Production Superintendent DATE 7-6-90

(This space for Federal or State office use)

APPROVED \_\_\_\_\_ TITLE DEPUTY DIRECTOR DATE JUL 18 1990

CONDITIONS OF APPROVAL, IF ANY: