

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.
2. NAME OF OPERATOR Big Four Petroleum Company		6. PERMIT NO. 85-672
3. ADDRESS OF OPERATOR P.O. Box 1347 CITY STATE ZIP CODE Cushing, OK 74023		7. API NO. 05 099 6258
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		8. WELL NAME Hoffman 6
12. COUNTY Prowers		9. WELL NUMBER 3-30
		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 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 checked="" type="checkbox"/> OTHER <u>Temporarily Abandoned</u> <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 checked="" 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 _____

BEST IMAGE AVAILABLE

RECEIVED

JUN 11 1990

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

COLO. OIL & GAS CONS. COMM.

NOT APPROVED

SUBMIT REASON WHY THIS WELL SHOULD NOT BE PLUGGED + ABANDONED. RESPOND BY 7/18/90

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

SIGNED [Signature] TELEPHONE NO. (918) 225-2260

NAME (PRINT) Ben Anderson TITLE Production Superintendent DATE June 6, 1990

(This space for Federal or State office use)

APPROVED _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

* Submit required copy, reason and date well TA on next submittal. Thank you