

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:

- ☐ 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 Temporarily Abandoned
*Use Form S - Well Completion or Recompletion Report and Log for subsequent report 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 _____

BEST IMAGE
AVAILABLE

RECEIVED

JUN 11 1990

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

COLO. OIL & GAS CONS. COMM.

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

SIGNED

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

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

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