

**STATE OF COLORADO**  
**OIL AND GAS CONSERVATION COMMISSION**  
**DEPARTMENT OF NATURAL RESOURCES**  
SUBMIT ORIGINAL AND 1 COPY

RECEIVED  
MAY 13 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. <input checked="" type="checkbox"/> OIL WELL <input 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. <u>STATE</u>
2. NAME OF OPERATOR <u>Two T Oil Co</u>		6. PERMIT NO. <u>81-603</u>
3. ADDRESS OF OPERATOR <u>Box 329</u>		7. API NO. <u>05-103-8716</u>
CITY <u>PALISADE</u>	STATE <u>COLORADO</u>	8. WELL NAME <u>Auth - Amolo</u>
ZIP CODE <u>81526</u>		9. WELL NUMBER <u>31</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>464' FROM W LINE 2234'</u> At proposed prod. zone <u>FROM S LINE OF LOT 7 SEC 3 T1N R102W</u>		10. FIELD OR WILDCAT <u>Rangely</u>
12. COUNTY <u>RIO BLANCO</u>		11. QTR. QTR. SEC. T.R. AND MERIDIAN <u>NWSW SEC 3 T1N 102W 6 T4PM</u>

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 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple Commingled 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 \_\_\_\_\_

*we would like to leave this well open. IT PRODUCES SOME GAS, OUR GAS WELL #28 ISN'T PRODUCING ENOUGH TO RUN OUR HEATER AT THE BATTERY. SO WE NEED IT*

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

SIGNED JACK K. Hillis

TELEPHONE NO. (970) 249-6264

NAME (PRINT) JACK K. Hillis TITLE OWNER

DATE 5/7/96

(This space for Federal or State office use)

APPROVED

CONDITIONS OF APPROVAL IF ANY:

NORTHWEST AREA ENGINEER

NOV 13 1996

DATE

*1. Report production*