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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.)

<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
2 NAME OF OPERATOR <u>Romac Exploration Company, Inc</u>		6 PERMIT NO <u>93500</u> ✓
3 ADDRESS OF OPERATOR <u>4 WARING LANE</u>		7 API NO <u>050759263</u> ✓
CITY STATE ZIP CODE <u>LITTLETON CO 80121</u>		8 WELL NAME <u>HOUSTON ESTATE</u>
4 LOCATION OF WELL (Report location clearly and in accordance with any State requirements See also space 17 below) At surface <u>1300' FW L, 150' FSL</u> ✓ At proposed prod zone <u>same</u>		9 WELL NUMBER <u>20-2</u>
12 COUNTY <u>LOGAN</u>		10 FIELD OR WILDCAT <u>FIELD (PADRONI)</u>
		11 QTR. QTR. SEC. T.R. AND MERIDIAN <u>SWSW 20-T9N, R52W</u> ✓ <u>6TH P.M.</u>

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 checked="" 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 reports 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 12-8-93
 Verbal approval and plugging instructions were given to Jim Mleck of Gear (Ashby) Drilg and well was plugged as follows:
 Cemented from 4485'-4590' with 35 sacks.
 Cemented from 155'-260' with 35 sacks.
 Cemented from 20'-30' with 10 sacks.
 Surface casing was cut off 4' below ground level and steel plate was welded over top. No surface marker was installed.
 Reclamation of drill site was performed 12-23-93, as per landowner instructions.

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

SIGNED Robert C. Roehrs TELEPHONE NO. (303) 292-9516
 NAME (PRINT) Robert C. Roehrs TITLE President DATE 1-28-94

(This space for Federal or State office use)

APPROVED R. Van Sickle TITLE Engr. DATE APR 21 1994
 CONDITIONS OF APPROVAL, IF ANY: