



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.)		5. FEDERAL/INDIAN OR STATE LEASE NO. Not Applicable
1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input type="checkbox"/> OTHER		6. PERMIT NO. 90-424
2. NAME OF OPERATOR Cockrell Oil Corporation		7. API NO. 05 081 6720
3. ADDRESS OF OPERATOR 1600 Smith Road, Suite 4600		8. WELL NAME Fee
CITY STATE ZIP CODE Houston Texas 77002-7348		9. WELL NUMBER 791 3409
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1972' FSL, 663' FEL At proposed prod. zone Same		10. FIELD OR WILDCAT Wildcat ✓
12. COUNTY Moffat		11. QTR. QTR. SEC., T.R. AND MERIDIAN NE $\frac{1}{4}$ SE $\frac{1}{4}$ Sec. 34, T7N, R91W

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 type="checkbox"/> OTHER <small>*Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingled 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 checked="" type="checkbox"/> OTHER <u>Change Well Name and Number</u>
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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 On Approval

Change Well Name and Number To:

Well Name: 791 3409

Well Number: 1

RECEIVED

MAY 25 1990

COLO. OIL & GAS CONS. COMM.

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

SIGNED Dale Heitzman TELEPHONE NO. (307) 266-4840

NAME (PRINT) Dale Heitzman TITLE Consultant DATE May 22, 1990

(This space for Federal or State office use)

APPROVED Stephen Patt TITLE Sr. Engr. DATE 6/6/90

CONDITIONS OF APPROVAL, IF ANY: