



00251244

OGCC FORM 4
Rev. 5-89

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input type="checkbox"/> OTHER		5. FEDERAL INDIAN OR STATE LEASE NO. Not Applicable
2. NAME OF OPERATOR Cockrell Oil Corporation		6. PERMIT NO. 90-425
3. ADDRESS OF OPERATOR 1600 Smith Road, Suite 4600		7. API NO. 05 081 721
CITY Houston	STATE Texas	8. WELL NAME Fee
ZIP CODE 77002-7348		9. WELL NUMBER 791 3505
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1989' FNL, 667' FWL		10. FIELD OR WILDCAT Wildcat
At proposed prod. zone Same	12. COUNTY Moffat	11. QTR. QTR. SEC., T.R. AND MERIDIAN SW $\frac{1}{4}$ NW $\frac{1}{4}$ Sec. 35, T7N, R91W

Check Appropriate Box To Indicate Nature of Notice, Report or Notification

13A. NOTICE OF INTENTION TO:

- PLUG AND ABANDON
- MULTIPLE COMPLETION
- COMMINGLED 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 Change Well Name and Number

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 3505

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 Roth TITLE Sr. Engr. DATE 6/6/90
 CONDITIONS OF APPROVAL, IF ANY: