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STATE OF COLORADO  
CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES

SUBMIT ORIGINAL AND 1 COPY

RECEIVED

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COLO. OIL & GAS CONS. COM.

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. J.
2. NAME OF OPERATOR Stelbar Oil Corporation, Inc.		6. PERMIT NO. N/A
3. ADDRESS OF OPERATOR 155 North Market, Suite #500		7. API NO. 05-123-05525
CITY Wichita	STATE Kansas	8. WELL NAME UPRR Priddy
ZIP CODE 67202		9. WELL NUMBER 4
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 638' FSL 1981' FWL At proposed prod. zone		10. FIELD OR WILDCAT Pierce Unit
12. COUNTY Weld		11. QTR. QTR. SEC., T.R. AND MERIDIAN SE 1/4 SW 1/4 Section 23-8N-66W

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 checked="" type="checkbox"/> SHUT-IN, TEMPORARILY ABANDONED (DATE <u>10-13-88</u> , (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 October 13, 1988

Ran 182 joints 2-7/8" 8 Rd EUE open ended. Shut well in.  
Well was left w/54 joints 2-7/8" 8 Rd EUE and anchor catcher in bottom of hole.

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

SIGNED Martin B. Shawver TELEPHONE NO. (316) 264-8378  
NAME (PRINT) Martin B. Shawver TITLE Vice-President DATE March 3, 1993

(This space for Federal or State office use)

APPROVED Thoi Bell TITLE Sr. Prof. Engr. DATE JUN 01 1993  
CONDITION OF APPROVAL, IF ANY: