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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.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input checked="" type="checkbox"/> INJECTION WELL <input type="checkbox"/> OTHER		5. FEDERAL/INDIAN OR STATE LEASE NO.
2. NAME OF OPERATOR Stelbar Oil Corporation, Inc.		6. PERMIT NO.
3. ADDRESS OF OPERATOR 155 North Market, Suite 500		7. API NO. 05-124-05525
CITY STATE ZIP CODE Wichita, KS 67202		8. WELL NAME Priddy
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		9. WELL NUMBER #4
12. COUNTY Weld		10. FIELD OR WILDCAT Pierce Unit
		11. QTR. QTR. SEC., T.R. AND MERIDIAN SE $\frac{1}{4}$ SW $\frac{1}{4}$ 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 3 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingle Completions and Recompletions</small>	13C. NOTIFICATION OF: <input checked="" type="checkbox"/> SHUT-IN/ TEMPORARILY ABANDONED (DATE <u>10-4-88</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 10-4-88

Well is presently shut in and under evaluation.

RECEIVED

JAN 22 1991

OIL & GAS CONSERVATION COMMISSION

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

SIGNED Martin B. Shawver TELEPHONE NO. (316) 264-8387

NAME (PRINT) Martin B. Shawver TITLE Vice-President DATE 1/15/91

(This space for Federal or State office use)

APPROVED Stephen Pott TITLE Sr. Engr DATE 1/20/91

CONDITIONS OF APPROVAL, IF ANY:

STATUS REPORT REQUIRED EVERY 6 MONTHS ON SHUT-IN & TEMPORARILY ABANDONED WELLS