



STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

FOR OFFICE USE			
ET	FE	UC	SE

File in duplicate for Patented and Federal lands.
File in triplicate for State lands.

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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Plug & Abandon		5. LEASE DESIGNATION & SERIAL NO.	
2. NAME OF OPERATOR STANCO Petroleum, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR Box 202; Kimball, NE 69145		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface NE SE 22-12N-56W		8. FARM OR LEASE NAME Buczowskyj	
At proposed prod. zone		9. WELL NO. #2	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT UNKNOWN	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4,923 G. L.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
		12. COUNTY Weld	13. STATE Colorado

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input checked="" type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	
(Other) _____		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (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 to this work.)

18. Date of work 5-10-90 * Must be accompanied by a cement verification report.

Pull Casing--Plug & Abandon Well

Place Sand to above Perfs
5 Skfs on Top of Sand
15 Skfs Bottom of Surface
10 Skfs Top of Surface

Clean and Level Location

RECEIVED
MAY 7 1990
COLO. OIL & GAS CONS. COMM.

EXHAUSTED OIL WELL

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

PRINT STANCO Petroleum, Inc.

SIGNED Stan Juefs TITLE President DATE 4-30-90

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DEPUTY DIRECTOR DATE MAY 24 1990

CONDITIONS OF APPROVAL, IF ANY: