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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 type="checkbox"/> INJECTION WELL <input type="checkbox"/> OTHER			5. FEDERAL, INDIAN OR STATE LEASE NO.
2. NAME OF OPERATOR NEW LONDON OIL INC			6. PERMIT NO.
3. ADDRESS OF OPERATOR 12500 SAN PEDRO SUITE 500 CITY STATE ZIP CODE SAN ANTONIO TX 78216			7. API NO. 05 075 6500
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL, 330' FWL, Sec 17-9N-53W At proposed prod. zone			8. WELL NAME KIRK 'A'
12. COUNTY Logan			9. WELL NUMBER 2
			10. FIELD OR WILDCAT Mt Hope North
			11. QTR. QTR. SEC., T.R. AND MERIDIAN NW SW Sec 17-9N-53W

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 checked="" 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 checked="" type="checkbox"/> REPAIRED WELL <input type="checkbox"/> OTHER <small>*Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingle Completions and Recompletions</small>	13C. NOTIFICATION OF: <input type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONED (DATE _____) (REQUIRED EVERY 6 MONTHS) <input checked="" type="checkbox"/> PRODUCTION RESUMED (DATE 2-12-90) <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 2-9-90

Pulled pump, installed engine and returned to production.

RECEIVED

FEB 23 1990

COLO. OIL & GAS CONS. COMM.

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

SIGNED Brenda Goza TELEPHONE NO. 512/490-2296

NAME (PRINT) Brenda Goza TITLE Production/Regulatory DATE 2-21-90

(This space for Federal or State office use)

APPROVED [Signature] TITLE Director DATE 2/26/90
CONDITIONS OF APPROVAL, IF ANY: