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OGCC FORM 4
Rev. 8-89STATE 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.)

<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.
1 NAME OF OPERATOR PEASE OIL & GAS		6 PERMIT NO. 0507506443
3 ADDRESS OF OPERATOR 751 HORIZON COURT #203 CITY STATE ZIP CODE GRAND JUNCTION, CO 81506		7 API NO. 0507506443
4 LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space (7) below.) At surface NW/NE At proposed prod. zone SEC 21-T9N-R63W 990' SNL & 1650' WEL, NE 1/4		8 WELL NAME WHITTIER
12 COUNTY LOGAN		9 WELL NUMBER A3
		10 FIELD OR WILDCAT
		11 QTR. QTR. SEC., T.R. AND MERIDIAN NW/NE SEC 21-T9N-R63W 990' SNL, 1650' WEL NE 1/4

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

13A. NOTICE OF INTENTION TO:

- ☒ PLUG AND ABANDON
- ☐ MULTIPLE COMPLETION
- ☐ COMMINGLE ZONES
- ☐ FRACTURE TREAT
- ☐ REPAIR WELL
- ☐ OTHER

13B. SUBSEQUENT REPORT OF:

- ☐ FINAL PLUG AND ABANDONMENT
(SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOG LOG)
- ☐ ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS)
- ☐ REPAIRED WELL
- ☐ OTHER

* Use Form 3 - 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

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 AS SOON AS WE RECEIVE APPROVAL & WE HAVE EQUIPMENT

SET CIPB @ 4900' W/3SX CEMENT ON TOP - PULL CASING

SET 40/SX PLUG 1/2 IN 1/2 OUT OF SURFACE CSG

SET 10/SX PLUG @ TOP. CUT OFF 4' BELOW SURFACE, WELD ON CAP, RESTORE SURFACE

SET AN ADDITIONAL 40 SX PLUG AT 650'. NOTIFY ED BINKLEY 48 HRS PRIOR TO PLUGGING. PH NO. 970-842-4465.

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

SIGNED

Harold L. Edwards

TELEPHONE NO. 970-669-6308

NAME (PRINT) HAROLD EDWARDS

TITLE PRODUCTION SUPERVISOR

DATE 02-24-97

(This space for Federal or State office use)

*D. K. Dixon*SR. PETROLEUM ENGINEER
O & G Cons. Comm.

DATE

MAR 18 1997