

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 type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input checked="" type="checkbox"/> OTHER Dry Hole			5. FEDERAL, INDIAN OR STATE LEASE NO.
2. NAME OF OPERATOR Leede Oil & Gas, Inc.			6. PERMIT NO. 91116
3. ADDRESS OF OPERATOR 2100 Plaza Tower One 6400 S. Fiddler's Green Circle			7. API NO. 05 061 6622
CITY Englewood	STATE CO	ZIP CODE 80111	8. WELL NAME Barnes
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1500' FEL & 1920' FSL At proposed prod. zone			9. WELL NUMBER 1-31
12. COUNTY Kiowa			10. FIELD OR WILDCAT Jace
			11. QTR. QTR. SEC., T.R. AND MERIDIAN NW SE 31-T17S-R41W 6th PM

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 JOB LOG)
- ☐ ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS)
- ☒ REPAIRED WELL
- ☒ OTHER Followup P&A Report

\*Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commungled 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 01/21/92

Dig out 8 5/8" casing, cut off 5' below ground level. Mix 10 sx portland cmt. Fill 8 5/8" casing from 13' KB to 43' KB with Neat cement. Weld 1/4 plate on 8 5/8 with date and name. Location and pit will have to dry before resotation.

CONFIDENTIAL

RECEIVED

JAN 29 1992

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

SIGNED

COLO. OIL &amp; GAS CONS. COMM.

TELEPHONE NO. (303) 721-8000

NAME (PRINT) Roxane I. Apple

TITLE Operations Assistant

DATE 01/28/92

(This space for Federal or State office use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 3-24-92