



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

**CONFIDENTIAL**

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 Recombination Report and Log for subsequent report of Multiple/Commungled Completions and Recombinations*

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.

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**RECEIVED**

**JAN 29 1992**

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

SIGNED *Roxane I. Apple* 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 *JPA* TITLE \_\_\_\_\_ DATE 3-24-92

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

