



OGCC FORM 4
Rev 8/89

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

SUBMIT ORIGINAL AND 1 COPY

SEP 16 1996

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	
2 NAME OF OPERATOR Tom Brown Inc.			6 PERMIT NO	
3 ADDRESS OF OPERATOR 141 Union Blvd. Suite 400			7 API NO 05-057- 6081 5073	
CITY STATE ZIP CODE Lakewood CO 80228			8 WELL NAME Blevins	
4 LOCATION OF WELL (Report location clearly and in accordance with any State requirements See also space 17 below) At surface 2340' FSL, 1520' FSL At proposed prod zone Sec 8, T9N, R78W			9 WELL NUMBER A-5	
12 COUNTY Jackson			10 FIELD OR WILDCAT Canadian River	
			11 QTR. QTR. SEC. T.R. AND MERIDIAN NE SW 11	

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

13A. NOTICE OF INTENTION TO: <input checked="" type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> COMMINGLE ZONES <input type="checkbox"/> FRACTURE TREAT <input 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 type="checkbox"/> REPAIRED WELL <input type="checkbox"/> OTHER <small>*Use Form 5 - Well Completion or Recompletion Report and Log for subsequent reports of Multiple/Commingle Completions and Recompletions</small>	13C. NOTIFICATION OF: <input type="checkbox"/> SHUT-IN, TEMPORARILY ABANDONED (DATE _____) (REQUIRED EVERY 6 MONTHS) <input type="checkbox"/> PRODUCTION RESUMED (DATE _____) <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 Sept 96 Will notify COGCC 48hrs prior to work.

- Set CIBP 50' above top perf. Perfs 1940-46' BP@ 1972'
- Option- Place cement from BP to 50' above top perf.
- Perf 5 1/2" at 375' and spot 100' cement in and out of casing.
8 5/8" surface at 325'. SET 50' CEMENT IN & OUT AT SURFACE.
- Cut head off 4' below GL and weld plate on with well info.
- Rehab Location.

NOTE - WILL SPOT 2 SKS CEMENT ON CIBP

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

SIGNED William J. Rippy Jr. TELEPHONE NO. 970-858-3736

NAME (PRINT) BILL RIPPY TITLE CONTRACTOR DATE 9/1/96

(This space for Federal or State office use)

APPROVED [Signature] TITLE _____ DATE 9/16/96
CONDITIONS OF APPROVAL, IF ANY: