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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 | | | |
|---------------------|----|----|----|
| ET | FE | UC | SE |

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. <u> </u> | |
| 2 NAME OF OPERATOR Western Operating Company | | | 6 PERMIT NO. 71-154 | |
| 3 ADDRESS OF OPERATOR 518 - 17th St., Suite 1680 | | | 7 API NO. 05-061-6104 | |
| CITY Denver | STATE CO | ZIP CODE 80202 | 8 WELL NAME Dawson | |
| 4 LOCATION OF WELL (Report location clearly and in accordance with any State requirements See also space 17 below.) At surface 660' FNL & 660' FEL of Sec. 8 At proposed prod. zone Same | | | 9 WELL NUMBER No. 5 | |
| | | | 10 FIELD OR WILDCAT Brandon | |
| 12 COUNTY Kiowa | | | 11 QTR. QTR. SEC. T.R. AND MERIDIAN NENE Sec. 8 T19S-R45W | |

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 _____

*Use Form 3 - Well Completion or Recompletion Report and Log for subsequent reports 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 July, 1996

Fish parted 7/8" rods, cut tbg off @ 4582', pkr left in @ 4616' w/22.73' stub on top. Ran CIBP & set @ 4445', dump bail 2 sxs cmt on top. Est PBTD 4427'. Spot 40 sx plug @ 2701' to cover csg leak @ 2719-2591'. Tag cmt @ 2685', pmp 40 sx plug. Tag cmt @ 2400'. Pmp 57 sxs cmt. Tag cmt @ 1305'. Perf 4 holes @ 1300' & 4 holes @ 248'. Set cmt retainer @ 1154', pmp 130 sxs cmt leaving 2 sxs on top of cmt retainer. Squeezed 109 sxs out perms @ 1300'/1500 psi. Pmp 85 sxs cmt, got full returns out sfc csg. Cut off sfc & prod csg 6' below ground. Weld cap, backfill hole, pull deadman.

EXHAUSTED
OIL WELL

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

SIGNED

Steven D. James

TITLE Vice President

TELEPHONE NO. (303) 893-2438

DATE 09/10/96

(This space for Federal or State office use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

9/19/96