



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.)		5 FEDERAL INDIAN OR STATE LEASE NO CANW 190
<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		6 PERMIT NO 72-665
2 NAME OF OPERATOR Western Operating Company		7 API NO 05-061-6140
3 ADDRESS OF OPERATOR 518 - 17th Street, Suite 1680		8 WELL NAME USA Butler
CITY STATE ZIP CODE Denver CO 80202		9 WELL NUMBER No. 2
4 LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL & 1980' FEL of Section 10 At proposed prod zone Same		10 FIELD OR WILDCAT Brandon
12 COUNTY Kiowa		11 QTR. QTR. SEC., T.R. AND MERIDIAN NWNE Section 10 T19S-R45W

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 Third (3rd) Quarter, 1996

- Set CIBP @ 4500'±. Spot 2 sx cement on top of CIBP. Fill hole w/water. If hole doesn't load spot 10 sx cement plug @ 1500'±. Let cement set up. Load csg w/water.
- Perf csg w/4 holes @ 1300'±. Set cement retainer @ 1250'±. Mix & pump 115 sx cement through cement retainer leaving 15 sx cement inside csg.
- Perf 4 holes in csg @ 190'±. Mix & pump 50 sx cement through 4 holes @ 190' leaving 25 sx inside csg. 210'
- Set 10 sx cement plug @ surface. Put 5 sx in 8-5/8" surface csg & 5 sx inside 5-1/2" csg. Cut off 8-5/8" & 5-1/2" csg 4'+below ground level. Weld on 1/4" or thicker cap that reads: USA Butler #2 - NWNE Sec. 10-T19S-R45W.
- Reclaim location.

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

SIGNED *Steven D. James* TELEPHONE NO. (303) 893-2438
 NAME (PRINT) Steven D. James TITLE Vice President DATE March 29, 1996

(This space for Federal or State office use)

APPROVED *[Signature]* TITLE _____ DATE 4/3/96
 CONDITIONS OF APPROVAL, IF ANY: