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OGCC FORM 4  
Rev. 8/89



STATE OF COLORADO  
CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES

COLO. OIL & GAS CONS. COMM.

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 P&A		5. FEDERAL/INDIAN OR STATE LEASE NO.
2. NAME OF OPERATOR Carl A. Houy		6. PERMIT NO.
3. ADDRESS OF OPERATOR 718 - 17th Street, Suite 540 CITY STATE ZIP CODE Denver, CO 80202		7. API NO. 05-121-05579
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface		8. WELL NAME Blomenkamp
At proposed prod. zone		9. WELL NUMBER #3
12. COUNTY Washington		10. FIELD OR WILDCAT Big Beaver
		11. QTR. QTR. SEC., T.R. AND MERIDIAN NE/SE 17-3S-56W

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

<p>13A. NOTICE OF INTENTION TO:</p> <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 _____	<p>13B. SUBSEQUENT REPORT OF:</p> <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 report of Multiple/Commingled Completions and Recompletions</small>	<p>13C. NOTIFICATION OF:</p> <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 Within 60 days

Surface casing: 9-5/8" 32#/ft. set at 97' KB with 60 sax cement  
Production casing: 5-1/2" 14 & 15.5#/ft. J-55 set at 5090' KB w/200 sax cement  
Peforations: 5012-18', 5021-5025'  
TD: 5096' PBSD: 5073' Current Status: SI

Propose to:

- Lay down rods and tubing.
- Put 300' of sand in hole to cover perforations.
- Lay 10 sack cement plug on top of sand.
- Cut off casing at approximately 4100' (top of Niobrara) and pull casing.
- Put ~~20~~<sup>35</sup> sack plug at base of surface and 10 sac cement plug at top of surface.
- Weld on plate, cut off below plow depth and restore surface.

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

SIGNED [Signature] TELEPHONE NO. 572-0672

NAME (PRINT) W. W. McKnab II TITLE Engineer DATE 8-6-91

(This space for Federal or State office use)

APPROVED [Signature] TITLE Engineer DATE 8-19-91

CONDITIONS OF APPROVAL, IF ANY: \*