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CO OGCC FORM 4

PetroForms

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
 DEPARTMENT OF NATURAL RESOURCES
 SUBMIT ORIGINAL AND 1 COPY

COLO. OIL & GAS CONS. COMM.

FOR OFFICE USE

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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 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 Carl A. Houy		6. PERMIT NO.
3. ADDRESS OF OPERATOR 718 - 17th St., Suite 540		7. API NO. 05-121-5579
CITY Denver	STATE CO	8. WELL NAME Blomenkamp
ZIP CODE 80202		9. WELL NUMBER #3
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 14 below.) At surface At proposed production zone		10. FIELD OR WILDCAT Big Beaver
12. COUNTY Washington		11. QTR. QTR. SEC., T.R. AND MERIDIAN NE/SE 17-3S-56W

13A. NOTICE OF INTENTION TO:	13B. SUBSEQUENT REPORT OF:	13C. NOTIFICATION OF:
<input type="checkbox"/> PLUG AND ABANDON	<input type="checkbox"/> FINAL PLUG AND ABANDONMENT SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG	<input checked="" type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONED DATE: 8/91 (REQUIRED EVERY 6 MONTHS)
<input type="checkbox"/> MULTIPLE COMPLETION	<input type="checkbox"/> ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS)	<input type="checkbox"/> PRODUCTION RESUMED DATE:
<input type="checkbox"/> COMMINGLE ZONES	<input type="checkbox"/> REPAIRED WELL	<input type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT)
<input type="checkbox"/> FRACTURE TREAT	<input type="checkbox"/> OTHER:	<input type="checkbox"/> WELL NAME CHANGE
<input type="checkbox"/> REPAIR WELL	<small>*Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingle Completions and Recompletions.</small>	<input type="checkbox"/> OTHER:
<input type="checkbox"/> 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 to this work).

15. DATE OF WORK Within 6 months

We have been, and are presently watching production patterns in the area since the Blomenkamp #3 is structurally the highest well in the field, and we are re-evaluating whether to return the well to production or to proceed with plugging and abandoning.

16. I hereby certify that the foregoing is true and correct
 SIGNED Tommy Barney PHONE NO. 303-572-0672
 NAME (PRINT) Tommy Barney TITLE Secretary DATE 08/17/93

(This space for Federal or State office use)

APPROVED EBB TITLE Engineer DATE 11-17-93
 CONDITIONS OF APPROVAL, IF ANY: Submit status report up date January 15, 1994.