



STATE OF COLORADO
AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES



FOR OFFICE USE			
ET	FE	UC	SE

File in duplicate for Patented and Federal lands.
File in triplicate for State lands.

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION & SERIAL NO.	
2. NAME OF OPERATOR Carl A. Houy		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 718 - 17th Street, Suite 540, Denver CO 80202		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface At proposed prod. zone <i>API# 05-121-5579</i>		8. FARM OR LEASE NAME Blomenkamp	
14. PERMIT NO.		9. WELL NO. #3	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4719 KB		10. FIELD AND POOL, OR WILDCAT Big Beaver - J	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE/SE 17-3S-56W	
		12. COUNTY Washington	13. STATE CO

RECEIVED
DEC 27 1993
COLO. OIL & GAS CONS. COMM.

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL, (Other) <input type="checkbox"/>	CHANGE PLANS: <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (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.)

18. Date of work 12/93 * Must be accompanied by a cement verification report.

Received plugging orders from Ed Binckley 12/14/93
Unable to pump into perms - pressured up to 4000#. Perfs apparently covered with shale and drilling mud from hole in casing.
Spotted cement plug of 30 sx Class A regular from 4945' up to 4701'.
Cut off 5½" casing at 121' and recovered 5 joints.
Spot plug in and out of 5½" casing from 128' to surface (45 sk Class A)
Location clean up will be done in the spring.
Cut off surface casinghead and welded on plate.
Work completed 12/16/93.

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

PRINT V. W. McKnab II

SIGNED [Signature] TITLE Engineer DATE 12-22-93

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE Engr. DATE FEB 09 1994

CONDITIONS OF APPROVAL, IF ANY: