



STATE OF COLORADO  
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.)

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 Street, Suite 540 CITY STATE ZIP CODE Denver, CO 80202		7. API NO. 05-121-05568
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL and 1980' =FWL At proposed prod. zone		8. WELL NAME Blomenkamp
		9. WELL NUMBER #7
		10. FIELD OR WILDCAT Big Beaver
12. COUNTY Washington		11. QTR. QTR. SEC., T.R. AND MERIDIAN SW/SE 17-3S-56W

RECEIVED

FEB 06 1992

COLO. OIL & GAS CONS. COMM.

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

13A. NOTICE OF INTENTION TO: <input 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 checked="" 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>	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 12-9-91

Pumped 25 sax cement at 5000'.  
Cut off 5-1/2" casing at 2460'.  
Spotted 40 sax cement at base of surface casing (96') in and out.  
Set 10 sax cement at top of surface casing.  
Cut off pipe 4' below ground level and Welded on cap.  
Cleaned up location.

EXHAUSTED  
OIL WELL

Copy of Donnelly Casing Pulling invoice attached.

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

SIGNED V. W. McNab II TELEPHONE NO. 303-572-0672

NAME (PRINT) V. W. McNab II TITLE Engineer DATE 2-5-92

(This space for Federal or State office use)

APPROVED Eric B. Burtley TITLE Engineer DATE 3-24-92

CONDITIONS OF APPROVAL, IF ANY: