

STATE OF COLORADO
OIL 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injection Well		5. LEASE DESIGNATION & SERIAL NO.	
2. NAME OF OPERATOR Brandly Oilman Consultants, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1333 W. 120th Avenue, Suite #306 Denver, CO 80234		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 NW SE Sec 32-7N-52W At proposed prod. zone		8. FARM OR LEASE NAME Dune Ridge	
14. PERMIT NO. Unknown		9. WELL NO. 6 - WI	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT Dune Ridge	
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 32-7N-52W	
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.)		12. COUNTY Logan	
18. Date of work 6/21/89		13. STATE CO	

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" 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 6/21/89

* Must be accompanied by a cement verification report.

Covered perforations with sand. Set 10sx cement plug @ 1800' in casing. Pulled 1200' casing. Set 25sx cement plug in and out of surface casing. Set 10 sx cement plug @ surface. Cut off surface casing 4' below ground level. Welded on cap. Work done by Donnelly Casing Pulling.

RECEIVED

SEP 05 1989

COLO. OIL & GAS CONS. COMM



00220445

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

PRINT Larry G. Brandly

SIGNED *Larry Brandly*
(This space for Federal or State office use)

TITLE President

DATE 9-1-89

APPROVED BY *Stephen Rott*
CONDITIONS OF APPROVAL, IF ANY:

TITLE Sr. Proj. Engr.

DATE 9/21/89