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STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

SUBMIT ORIGINAL AND 1 COPY



FOR OFFICE USE ONLY			
<input checked="" type="checkbox"/> ET	<input type="checkbox"/> FE	<input type="checkbox"/> UC	<input type="checkbox"/> SE

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		5. FEDERAL/INDIAN OR STATE LEASE NO.
2. NAME OF OPERATOR Arlan, Inc.		6. PERMIT NO.
3. ADDRESS OF OPERATOR 1801 Broadway, Suite 400 CITY STATE ZIP CODE Denver, Colorado 80202		7. API NO. 05-075-05471 ✓
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface SE/4SE/4 At proposed prod. zone SE/4SE/4		8. WELL NAME Thornton
12. COUNTY Logan		9. WELL NUMBER 2
10. FIELD OR WILDCAT Pawnee		11. QTR. QTR. SEC., T.R. AND MERIDIAN 3-7N-54W

RECEIVED
AUG 19 1994
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 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 checked="" 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 Starting August 18, 1994

H & R Well Service's rig will move on location as soon as the NSID well is complete.

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

SIGNED [Signature] TELEPHONE NO. 292-4051

NAME (PRINT) Alvin R. (Al) Arlian TITLE Operator DATE 8/18/94

(This space for Federal or State office use)

APPROVED [Signature] TITLE SR. PETROLEUM ENGINEER O & G Cons. Comm. DATE SEP 06 1994

CONDITIONS OF APPROVAL, IF ANY:
FILE COMPLETE REPORT WHEN OPERATIONS ARE COMPLETED.