

STATE OF COLORADO  
OIL AND GAS 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 type="checkbox"/> OIL WELL <input checked="" 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 NA
2. NAME OF OPERATOR Horizon Oil & Gas Co.			6. PERMIT NO <del>Unknown</del> 010001*
3. ADDRESS OF OPERATOR P.O. Box 7 CITY STATE ZIP CODE Spearman Tx 79081			7. API NO. 0500905096* <del>Unknown</del>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1322' FSL & 1334' FEL At proposed prod zone same			8. WELL NAME Cogburn #088524
12 COUNTY Baca			9. WELL NUMBER 1-21
			10. FIELD OR WILDCAT Midway Morrow
			11. QTR. QTR SEC. T.R. AND MERIDIAN SE/4 NW/4 SE/4 Sec. 21-T33S-R42W

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

## 13A. NOTICE OF INTENTION TO:

- ☐ PLUG AND ABANDON
- ☐ MULTIPLE COMPLETION
- ☐ COMMINGLE ZONES
- ☐ FRACTURE TREAT
- ☐ REPAIR WELL
- ☐ OTHER

## 13B. SUBSEQUENT REPORT OF:

- ☒ FINAL PLUG AND ABANDONMENT  
(SUBMIT 3RD PARTY CEMENT VERIFICATION  
AND JOB LOG)
- ☐ ABANDONED LOCATION (WELL NEVER DRILLED -  
SITE MUST BE RESTORED WITHIN 6 MONTHS)
- ☐ REPAIRED WELL
- ☐ OTHER

\* Use Form 5 - Well Completion or Recompletion Report and Log  
for subsequent reports of Multiple/Commungled Completions  
and Recompletions

## 13C. NOTIFICATION OF:

- ☐ SHUT-IN, TEMPORARILY ABANDONED  
(DATE \_\_\_\_\_)  
(REQUIRED EVERY 6 MONTHS)
- ☐ PRODUCTION RESUMED  
(DATE \_\_\_\_\_)
- ☐ LOCATION CHANGE (SUBMIT NEW PLAT)
- ☐ WELL NAME CHANGE
- ☐ 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. Please see attached well schematic)

15. DATE OF WORK 9-04-91 thru 9-09-91

1. Pulled Tubing.
2. Placed 20 sx. cement plug from 4660' to 4500'.  
Displaced cement with mud.
3. Placed 30 sx. cement plug from 3025' to 2800'.  
Displaced cement with mud.
4. Cut off 5 1/2" Casing @ 1902'.
5. Pulled to 1500'.
6. Placed 30 sx. cement plug from 1500' to 1433'.
7. Finished pulling 5 1/2" Casing.
8. Placed 5 sx. cement plug from 20' to 4'.
9. Cut off 8 5/8" Casing 4' below ground level and welded on cap.

10. Cleaned up location.

EXHAUSTED  
GAS WELL

RECEIVED

SEP 16 1991

COLORADO OIL &amp; GAS CONSERVATION COMMISSION

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

SIGNED

TELEPHONE NO 806-659-2544

NAME (PRINT) Curtis F. Covington

TITLE Engineer

DATE 9-10-91

(This space for Federal or State office use)

APPROVED

TITLE Engineer

DATE 10-7-91

CONDITIONS OF APPROVAL, IF ANY:

\* These codes (api & permit #'s) were provided all operators 4/90 by this office. The "ok" next to your attached list indicates that your office returned a copy of the list and indicated no discrepancies with your information. Please use this info on all submittals.