

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

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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. N/A (Fee)
2. NAME OF OPERATOR Meridian Oil Inc.			6. PERMIT NO. 941151
3. ADDRESS OF OPERATOR 5613 DTC Parkway CITY STATE ZIP CODE Englewood CO 80111			7. API NO. 05-103-9721
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 500' FNL, 1200' FEL At proposed prod. zone same as above			8. WELL NAME Buckskin Mesa Unit 9. WELL NUMBER 41-27 10. FIELD OR WILDCAT Powell Park 11. QTR. QTR. SEC., T.R. AND MERIDIAN NENE Sec. 27-T1N-R95W
12. COUNTY Rio Blanco			

RECEIVED
OCT - 4 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 Revised Casing Design <small>*Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commungled 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 11/15/94

The casing design for the above captioned well has been revised (please see revised Drilling Plan).

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

SIGNED Eileen Danni Dey TELEPHONE NO. (303) 930-9393

NAME (PRINT) Eileen Danni Dey TITLE Regulatory Compliance Adm. DATE 10/3/94

(This space for Federal or State office use)

APPROVED Ed A. Matter TITLE SR. PETROLEUM ENGINEER DATE OCT 18 1994

CONDITIONS OF APPROVAL, IF ANY: