

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

SUBMIT ORIGINAL AND 1 COPY *NO COPY*

*Copy mailed
12-23-93*

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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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		3. FEDERAL/INDIAN OR STATE LEASE NO.
2. NAME OF OPERATOR Mary Anne Snowden, Snowden Oil Company		7. API NO. 05 087 60031
3. ADDRESS OF OPERATOR Box 565 CITY STATE ZIP CODE Ft. Morgan, CO 80701		8. WELL NAME Davie
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements See also space 17 below.) At surface C NE NW Sec. 12-2N-55W At proposed prod. zone 660' FNL & 1980" FNE FEL		9. WELL NUMBER #1
12. COUNTY Morgan		10. FIELD OR WILDCAT Jubilee
		11. QTR. QTR. SEC., T.R. AND MERIDIAN C NE NW Sec. 12-2N-55W

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 type="checkbox"/> OTHER _____ <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 November/December 1993

Run sand to 4900'.
Set 5 sacks cement on sand at 4900'.
Set 35 sacks cement half in and half out bottom of surface at 126'.
Set 10 sacks cement at 28' to bottom of cellar.
Cut off surface down 4'.
Weld on cap.

UP

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NOV 23 1993
COLORADO OIL & GAS CONSERVATION COMMISSION

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

SIGNED Robert Donnelly (ds) **TELEPHONE NO.** 303-522-1410

NAME (PRINT) Robert Donnelly **TITLE** Owner **DATE** 11-22-93

(This space for Federal or State office use)

APPROVED [Signature] **TITLE** Engineer **DATE** 12-23-93

CONDITIONS OF APPROVAL, IF ANY:



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