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STATE OF COLORADO
OBSERVATION COMMISSION
OF NATURAL RESOURCES

ORIGINAL AND 1 COPY



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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"/>		5. FEDERAL/INDIAN OR STATE LEASE NO.
2. NAME OF OPERATOR Mary Anne Snowden, Snowden Oil Company		6. PERMIT NO.
3. ADDRESS OF OPERATOR Box 565, Ft. Morgan, CO 80701		7. API NO. 05 087 60031
CITY STATE ZIP CODE		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 660' FNL & 1980' FWL At proposed prod. zone: NWNE		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 NWNE

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 checked="" 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 reports 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** 12-14-93

Ran sand to 4750'.
Dumped 5 sacks cement on sand.
Pumped 35 sacks cement at 200'.
Set 10 sacks cement in top of surface.
Welded on cap.

RECEIVED

DEC 31 1993

COLO. OIL & GAS CONS. COMM.

16. I hereby certify that the foregoing is true and correctSIGNED Mary Anne SnowdenTELEPHONE NO. 303-867-6275NAME (PRINT) M.A. SnowdenTITLE owner Snowden Oil CoDATE 12-14-93

(This space for Federal or State office use)

APPROVED [Signature]TITLE EngineerDATE 1-5-94

CONDITIONS OF APPROVAL, IF ANY:

* Cleanup and restore site.



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