



OGCC FORM 4  
Rev. 8/89

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.)

<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 <u>DRY HOLE</u>		1 FEDERAL INDIAN OR STATE LEASE NO. 6 PERMIT NO. <u>951002</u> 7 API NO. <u>050759302</u> 8 WELL NAME <u>13-31 BOLLISH</u> 9 WELL NUMBER 10 FIELD OR WILDCAT <u>WILDCAT</u> 11 QTR QTR SEC T R AND MERIDIAN <u>NWSWsec31, T9N, R.52W</u>
2 NAME OF OPERATOR <u>Edward Mike Davis</u>		12 COUNTY <u>LOGAN</u>
3 ADDRESS OF OPERATOR <u>800 W. Sam Houston Parkway S. Suite 133</u> CITY <u>HOUSTON, TEXAS</u> STATE <u>TEXAS</u> ZIP CODE <u>77042</u>		
4 LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>1980' FSL &amp; 800' FWL</u> At proposed prod. zone		

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 1-2-96

PLUG 1 SET 40 SX 4820' - 4670'

PLUG 2 SET 10 SX 40' TO SURFACE

SURFACE PIPE WAS CUT OFF 6' BELOW SURFACE & WELD PLATE OVER THE TOP.

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

SIGNED Steve Chamberlain TELEPHONE NO. (713) 629-9550

NAME (PRINT) Steve Chamberlain TITLE AGENT DATE 1-19-96

(This space for Federal or State office use)

NOT APPROVED. TITLE THE WELL WAS TO BE PLUGGED w/ 40 SX 1/2 IN & 1/2 OUT OF SURFACE CASING SHAPE. DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY DAVID SILCOX