



00091151

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

SUBMIT ORIGINAL AND 1 COPY

RECEIVED  
NOV 17 1994

COLO. OIL &amp; GAS CONS. COMM.

FOR OFFICE USE ONLY			
ET	FE	UC	SE

## 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 checked="" type="checkbox"/> OIL WELL <input 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.
2. NAME OF OPERATOR JC WESTMORELAND		6. PERMIT NO. 89-1181
3. ADDRESS OF OPERATOR PO BOX 782 CITY STATE ZIP CODE BRUSH CO 80723		7. API NO. 05 121 6895-1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980 FS At proposed prod. zone 1980 FW D sand		8. WELL NAME TUTTLE
12. COUNTY WASHINGTON		9. WELL NUMBER #2
		10. FIELD OR WILDCAT RUBY
		11. QTR. QTR. SEC., T.R. AND MERIDIAN NE SW 5028-2N.54W

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 report of Multiple/Commingle 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)

15. DATE OF WORK 10-3-94 thru 10-8-94

- 1- Dump hail 10 sacks cement at 4375 Feet
- 2- Free point and cut casing at 2100 feet and recover casing
- 3- Fill hole with drilling mud and water
4. pump 40 sacks of cement to in 1/2 out of surface casing 180 feet up.
5. Place 5 sacks of cement at top of surface casing.
6. cut off surface pipe 4 feet below ground level and well on cap.

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

SIGNED

Tony Kitchin

TELEPHONE NO.

245-2591

NAME (PRINT)

Tony Kitchin

TITLE

Pluggger

DATE

10-20-94

(This space for Federal or State office use)

SR. PETROLEUM ENGINEER  
O & G Cons. Comm.

APPROVED

D K Saxon

TITLE

DATE

DEC 08 1994

CONDITIONS OF APPROVAL, IF ANY:



MARC TORMOHLEN, OWNER

**842-4832**

**842-4685**

Date 10/6 19 94

**SOLD TO:**

**TERMS:**

Cash

Charge

Cust. Purch. No.

[illegible]

Past due accounts will be charged a \*FINANCE CHARGE which is computed by a "**Periodic Rate**" of 1½% per month which is an ANNUAL PERCENTAGE RATE of 18% applied to the balance.

All claims and returned goods must be accompanied by this invoice.

No. 66074

Received By:



17509 Rd. 14  
Fort Morgan, CO 80701

CHARGE TO <i>Tony Kitchen</i>			
INVOICE ADDRESS			
CITY		STATE	DATE COMPL. <i>Oct 7, 1994</i>
WELL NO. <i>Tuttle #2</i>		CUST. ORDER	
COUNTY <i>Washington</i>	STATE <i>Calo</i>	LOCATION NAME	

LEGAL DESCRIPTION	FIELD	COUNTY	STATE	LOCATION NAME
NE 1/4 SW 1/4 Sec 28 2N 54W	Ruby	Washington	Colo	

A.M.  
P.M.

SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE      DATE      TIME

[illegible]

UNIT NUMBER 201			UNIT NUMBER		
CREW NAMES	EMPLOYEE NO.	JOB BONUS	CREW NAMES	EMPLOYEE NO.	JOB BONUS
ENGR. Daniels			ENGR.		
OPER. —			OPER.		
OPER.			OPER.		