



00259478

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

SUBMIT ORIGINAL AND 1 COPY

MAY - 1 1998

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 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 84/9204-5	
2 NAME OF OPERATOR Maggie Operating, Inc. 52530			6 PERMIT NO 85-1290	
3 ADDRESS OF OPERATOR 11138 Wild Horse Peak			7 API NO 05-075-6258 ✓	
CITY STATE ZIP CODE Littleton CO 80127			8 WELL NAME Cabeen State	
4 LOCATION OF WELL (Report location clearly and in accordance with any State requirements See also space 17 below.) At surface NENE Section 36 660° FN At proposed prod zone T-9-N, R-55-W 660° FE			9 WELL NUMBER 1-36 1/	
12 COUNTY Logan			10 FIELD OR WILDCAT Bingo 6760	
			11 QTR. QTR. SEC. T.R. AND MERIDIAN NENE Sec 36-9N-55W	

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 4-24-98

Location Seeded.

2 Copies OGCC

1 Copy State LAND Board

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

SIGNED

James M. Warner

303 - 978-1147
TELEPHONE NO.

NAME (PRINT)

James M. Warner

TITLE

Pres, Dist

DATE

4-30-98

(This space for Federal or State office use)

APPROVED

DK Duncan

CONDITIONS OF APPROVAL, IF ANY:

TITLE

SR. PETROLEUM ENGINEER
O & G Cons. Comm.

DATE

MAY 18 1998