



00204738

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.)

1. <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		5. FEDERAL/INDIAN OR STATE LEASE NO.
2. NAME OF OPERATOR Sunset Hill/Mark Powell		6. PERMIT NO.
3. ADDRESS OF OPERATOR 10442 North 75th St. CITY STATE ZIP CODE Longmont, CO 80503		7. API NO.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL & 660' FWL At proposed prod. zone		8. WELL NAME Doll Estate
		9. WELL NUMBER #2
		10. FIELD OR WILDCAT Grail
12. COUNTY Weld		11. QTR. QTR. SEC., T.R. AND MERIDIAN SW NW Sec. 14-7N-58W

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/Commingle 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 2-28-90

Ran sand to 6250'. Dumped 5 sacks cement on sand at 6250'. Pumped 25 sacks cement at 1200'. Set 15 sacks cement half in and half out bottom of surface at 221', from 235' to 190'. Set 10 sacks cement in top of surface. Welded on cap.

RECEIVED

APR 27 1990

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

SIGNED Robert Donnelly DONNELLY CASING PULLING CO. COLO. OIL & GAS CONSERVATION COMMISSION TELEPHONE NO. 303-522-1410

NAME (PRINT) Robert Donnelly TITLE President DATE 4-26-90

(This space for Federal or State office use)

APPROVED Stephan Pott TITLE Sr Engr DATE 4/30/90

CONDITIONS OF APPROVAL, IF ANY:

