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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 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. <u>STATE</u>
2. NAME OF OPERATOR <u>TWO-J OIL COMP.</u>		6. PERMIT NO. <u>68-346</u>
3. ADDRESS OF OPERATOR <u>3686 1/2 RD.</u> CITY STATE ZIP CODE <u>PALISADE CO 81526</u>		7. API NO. <u>05 103 7166</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>NW Sec 4 IN 102W</u> <u>150' E. of W. line 180' So. of center line</u> At proposed prod. zone <u>of 1075 Sec. 4 T1N, R102W 6th</u> <u>MNGS 2800</u>		8. WELL NAME <u>PETTY-PAN AM</u>
12. COUNTY <u>Rio Blanco</u>		9. WELL NUMBER <u>13</u>
		10. FIELD OR WILDCAT <u>Rangel</u>
		11. QTR. QTR. SEC., T.R. AND MERIDIAN <u>NW SEC 4 IN 102W</u>

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 3 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingle Completions and Recompletions

13C. NOTIFICATION OF:

- ☒ SHUT-IN/TEMPORARILY ABANDONED (DATE 7/1/90) (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 _____

No production

RECEIVED

JUL 26 1990

RECEIVED

COLO. OIL & GAS CONS. COMM.

AUG 9 1990

STATUS REPORT REQUIRED
EVERY 6 MONTHS ON SHUT-IN
& TEMPORARILY ABANDONED WELLS.

COLO. OIL & GAS CONS. COMM.

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

SIGNED

Jack X. Hillis

TELEPHONE NO.

464-0565

NAME (PRINT)

JACK X. Hillis

TITLE

OWNER

DATE

7-24-90

(This space for Federal or State office use)

APPROVED

Dennis R. Picknell

TITLE

DIRECTOR

O & G Cons. Comm.

DATE

AUG 20 1990

CONDITIONS OF APPROVAL, IF ANY: