



00205360

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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| ET | FC | 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 type="checkbox"/> OIL WELL <input checked="" 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. C |
| 2. NAME OF OPERATOR Crystal Exploration and Production Co. | | 6. PERMIT NO. |
| 3. ADDRESS OF OPERATOR P. O. Box 21101 CITY STATE ZIP CODE Shreveport, LA 71120 | | 7. API NO. 05-123-9973 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface At proposed prod. zone | | 8. WELL NAME Hamilton |
| 12. COUNTY Weld | | 9. WELL NUMBER 43-11 |
| | | 10. FIELD OR WILDCAT Fosston |
| | | 11. QTR. QTR. SEC., T.R. AND MERIDIAN C NE/4 NE/4 Sec. 11-7N-63W |

Check Appropriate Box To Indicate Nature of Notice, Report or Notification

| | | |
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| 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 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 report of Multiple/Commingle Completions and Recompletions</small> | 13C. NOTIFICATION OF: <input checked="" type="checkbox"/> SHUT-IN, TEMPORARILY ABANDONED (DATE <u>9/19/80</u>) (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 _____ |
|--|--|---|

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 _____

*Well has never produced, waiting on pipeline connection since September, 1980.

RECEIVED

FEB 12 1990

COLO. OIL & GAS CONS. COMM.

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

SIGNED Dawn Gardner TELEPHONE NO. 318-222-7791

NAME (PRINT) Dawn Gardner TITLE Supervisor Proration/Regulation DATE 2-7-90

(This space for Federal or State office use)

APPROVED Stephan Pott TITLE Sr. Engr. DATE 2/15/90
CONDITIONS OF APPROVAL, IF ANY:

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