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STATE OF COLORADO
CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

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103-09399



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 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. C47481
2. NAME OF OPERATOR Sharon Resources, Inc.		6. PERMIT NO. 890770
3. ADDRESS OF OPERATOR 5340 S. Quebec, Suite 220 CITY STATE ZIP CODE Englewood, CO 80111		7. API NO. 103093990
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1820' FNL 1820 FEL At proposed prod. zone		8. WELL NAME Federal 28-1
12. COUNTY Rio Blanco		9. WELL NUMBER 28-1
10. FIELD OR WILDCAT Wildcat ✓		11. QTR. QTR. SEC., T.R. AND MERIDIAN Sec. 28, T1N-R103W

RECEIVED

MAR 30 1990

COLO. OIL & GAS CONS. COMM.

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

<p>13A. NOTICE OF INTENTION TO:</p> <input checked="" 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 _____	<p>13B. SUBSEQUENT REPORT OF:</p> <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 report of Multiple/Commingled Completions and Recompletions</small>	<p>13C. NOTIFICATION OF:</p> <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 Spud 10/11/89 Abandoned 10/17/89

Spud well @ 8 p.m. 10/11/89, 12 $\frac{1}{4}$ " hole.
 Drilled to 330', set @ 304.07' 8 5/8" 24# K55 casing, bottom set at 316'. Drilled 7 7/8 hole to 3203', logged w/ N-D GR and DISFL. Continued drilling to TD @ 3364'.
 DST #1: Castlegate Sand, 3266' - 3364', Times 15-30-60-60, recovered 2000' SI. GCSW, Sample Chamber: 0.8 ft³ gas @ 700 psi, 2080 cc SW; Cl 700 ppm
 IFP 91-144, FFP 444 - 920, SIP 1283 - 1292
 Plugging info: 3364' - 3076' = 107 sxs, 1550' - 1450' = 35 sxs, 366' - 255' = 50 sxs, 25 sxs @ surface. Tagged plug @ 255' w/4,000 lbs (held o.k.).
 Verbal approval to P & A received from Roy Clanton w/BLM in Meeker @ 11 a.m. 10/17/89

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

SIGNED Mark A. Steinhilber TELEPHONE NO. (303) 694-4920

NAME (PRINT) MARK A. STEINHILBER TITLE MANAGER OF INFO. SYS. DATE 3/19/90

(This space for Federal or State office use)

APPROVED Stephen Pott TITLE Sr. Engr. **00046964** DATE 4/2/90

CONDITIONS OF APPROVAL, IF ANY:

