

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
 DEPARTMENT OF NATURAL RESOURCES
 SUBMIT ORIGINAL AND 1 COPY



00061972

FOR OFFICE USE			
ET	FE	UC	SE

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen of 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.
2. NAME OF OPERATOR Gerrity Oil & Gas Corporation		6. PERMIT NO. 93-889
3. ADDRESS OF OPERATOR 4100 E. Mississippi Ave., #1200		7. API NO. 05-013-6394
CITY STATE ZIP CODE Denver CO 80222		8. WELL NAME Ertl
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 14 below.) At surface 2007' FNL & 2010' FEL Sec. 18 At proposed production zone same		9. WELL NUMBER MC #18-7
12. COUNTY BOULDER		10. FIELD OR WILDCAT Wattenberg
11. QTR. QTR. SEC., T.R. AND MERIDIAN SW NE Sec. 18-T1N-R69W		11. QTR. QTR. SEC., T.R. AND MERIDIAN

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 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: *Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingled Completions and Recompletions	13C. NOTIFICATION OF: <input type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONES 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 checked="" 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

The original APD for this well expires 11/6/93.

This well will be drilled later than originally anticipated, therefore Gerrity Oil & Gas Corporation requests a 120-day extension to the original APD.

RECEIVED
 OCT 12 1993
 COLO. OIL & GAS CON. COMM.

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

SIGNED *Greg Wilcox* PHONE NO. **(303) 757-1110**
 NAME (PRINT) **Greg Wilcox** TITLE **Operations Engineer** DATE **10/06/93**

(This space for Federal or State office use)

APPROVED _____ TITLE _____ DATE _____
 CONDITIONS OF APPROVAL, IF ANY:

**STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES
SUBMIT ORIGINAL AND 1 COPY**

FOR OFFICE USE			
ET	FE	UC	SE

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen of 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.
2. NAME OF OPERATOR Gerrity Oil & Gas Corporation		6. PERMIT NO. 93-889
3. ADDRESS OF OPERATOR 4100 E. Mississippi Ave., #1200		7. API NO. 05-013-6394
CITY Denver	STATE CO	8. WELL NAME Ertl
ZIP CODE 80222		9. WELL NUMBER MC #18-7
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 14 below.) At surface 2007' FNL & 2010' FEL Sec. 18		10. FIELD OR WILDCAT Wattenberg
At proposed production zone same		11. QTR. QTR. SEC., T.R. AND MERIDIAN SW NE Sec. 18-T1N-R69W
12. COUNTY BOULDER		

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

<p>13A. NOTICE OF INTENTION TO:</p> <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: _____	<p>13B. SUBSEQUENT REPORT OF:</p> <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: *Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingled Completions and Recompletions	<p>13C. NOTIFICATION OF:</p> <input type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONES 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 checked="" 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

The original APD for this well expires 11/6/93.

This well will be drilled later than originally anticipated, therefore Gerrity Oil & Gas Corporation requests a 120-day extension to the original APD.

RECEIVED
OCT 12 1993

CULU. OIL & GAS CON. COMM.

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

SIGNED *Greg Wilcox* PHONE NO. **(303) 757-1110**
 NAME (PRINT) **Greg Wilcox** TITLE **Operations Engineer** DATE **10/06/93**

(This space for Federal or State office use)

APPROVED _____ TITLE _____ DATE _____
 CONDITIONS OF APPROVAL, IF ANY: _____