

STATE OF COLORADO  
OIL AND GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES

cc: Marietta Office

OGCC FORM 4  
Rev. 1/78

File in duplicate for Patented and Federal lands.  
File in triplicate for State lands.

**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. OIL WELL ☒ GAS WELL ☐ OTHER ☐ Temporarily Abandoned

2. NAME OF OPERATOR  
Okmar Oil Company

3. ADDRESS OF OPERATOR  
P. O. Box 5850, Denver, Colorado 80217

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface  
NWSW Section 15, T2N, R55W (1980'FSL & 645'FWL)  
At proposed prod. zone  
same

5. LEASE DESIGNATION & SERIAL NO.  
-

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
-

7. UNIT AGREEMENT NAME  
-

8. FARM OR LEASE NAME  
Forbes Marick

9. WELL NO.  
5

10. FIELD AND POOL, OR WILDCAT  
Zorichak

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 15-2N-55W

12. COUNTY  
Morgan

13. STATE  
Colorado

14. PERMIT NO.  
(date 6/23/58)

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
4489'GR

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL. <input type="checkbox"/>	CHANGE PLANS: <input type="checkbox"/>	(Other) <input type="checkbox"/>	Status Update <input checked="" type="checkbox"/>

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (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 to this work.)

18. Date of work \_\_\_\_\_

\* Must be accompanied by a cement verification report.

As per our Sundry Notice dated October 16, 1986, the subject well is temporarily abandoned. The well remains in a temporarily abandoned status at this time.

FOR OFFICE USE ONLY

ET ☒

FE ☐

UC ☐

SE ☒

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

SIGNED

John A. D'Hooze

TITLE

Division Engineer

DATE

APR 8 1987

(This space for Federal or State office use)

APPROVED BY

G. A. [Signature]

TITLE

SUPR. PETROLEUM ENGINEER

Oil & Gas Cons. Comm.

DATE

APR 10 1987

CONDITIONS OF APPROVAL, IF ANY:

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