

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

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.)

<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> Temporarily Abandoned</p> <p>2. NAME OF OPERATOR Okmar Oil Company</p> <p>3. ADDRESS OF OPERATOR P. O. Box 5850, Denver, Colorado 80217-5850</p> <p>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</p>		<p>5. LEASE DESIGNATION & SERIAL NO. ---</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---</p> <p>7. UNIT AGREEMENT NAME ---</p> <p>8. FARM OR LEASE NAME Forbes Marick</p> <p>9. WELL NO. 5</p> <p>10. FIELD AND POOL, OR WILDCAT Zorichak</p> <p>11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA Sec. 15-2N-55W</p>	
<p>14. PERMIT NO. (Date 6/23/58)</p>	<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4489'GR</p>	<p>12. COUNTY Morgan</p>	<p>13. STATE Colorado</p>

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

<p>TEST WATER SHUT-OFF <input type="checkbox"/></p> <p>FRACTURE TREAT <input type="checkbox"/></p> <p>SHOOT OR ACIDIZE <input type="checkbox"/></p> <p>REPAIR WELL <input type="checkbox"/></p> <p>(Other) <input type="checkbox"/></p>	<p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>MULTIPLE COMPLETE <input type="checkbox"/></p> <p>ABANDON <input type="checkbox"/></p> <p>CHANGE PLANS <input type="checkbox"/></p>	<p>WATER SHUT-OFF <input type="checkbox"/></p> <p>FRACTURE TREATMENT <input type="checkbox"/></p> <p>SHOOTING OR ACIDIZING <input type="checkbox"/></p> <p>(Other) <input type="checkbox"/></p>	<p>REPAIRING WELL <input type="checkbox"/></p> <p>ALTERING CASING <input type="checkbox"/></p> <p>ABANDONMENT* <input type="checkbox"/></p> <p>Status Update <input checked="" type="checkbox"/></p>
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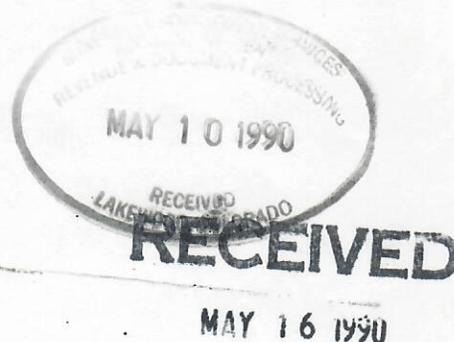
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.



COLO. OIL & GAS CONS. COMM.

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

SIGNED

Donn W. Murphy
Donn W. Murphy

TITLE

District Petroleum Engineer

DATE

May 2, 1990

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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