

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.

|   |  |  |                       |
|---|--|--|-----------------------|
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.<br>Use "APPLICATION FOR PERMIT—" for such proposals.)                        |  | 5. LEASE DESIGNATION & SERIAL NO.<br>---                           |                       |
|   |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME<br>---                        |                       |
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> Temporarily Abandoned  |  | 7. UNIT AGREEMENT NAME<br>---                                      |                       |
| 2. NAME OF OPERATOR<br>Okmar Oil Company  |  | 8. FARM OR LEASE NAME<br>Forbes Marick                             |                       |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 5850, Denver, Colorado 80217-5850   |  | 9. WELL NO.<br>5   |                       |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br>NWSW Section 15, T2N, R55W (1980'FSL & 645'FWL)<br>At proposed prod. zone<br>Same |  | 10. FIELD AND POOL, OR WILDCAT<br>Zorichak                         |                       |
|   |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 15-2N-55W |                       |
| 14. PERMIT NO.<br>(Date 6/23/58)  | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>4489' GR | 12. COUNTY<br>Morgan   | 13. STATE<br>Colorado |

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

|  |   |   |   |  |   |                                  |                                       |  |                                  |  |   |   |   |   |  |  |                                       |  |                                     |
|--|---|---|---|--|---|----------------------------------|---------------------------------------|--|----------------------------------|--|---|---|---|---|--|--|---------------------------------------|--|-------------------------------------|
| <p>NOTICE OF INTENTION TO:</p> <table style="width:100%;"> <tr> <td>TEST WATER SHUT-OFF <input type="checkbox"/></td> <td>PULL OR ALTER CASING <input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREAT <input type="checkbox"/></td> <td>MULTIPLE COMPLETE <input type="checkbox"/></td> </tr> <tr> <td>SHOOT OR ACIDIZE <input type="checkbox"/></td> <td>ABANDON <input type="checkbox"/></td> </tr> <tr> <td>REPAIR WELL. <input type="checkbox"/></td> <td>CHANGE PLANS. <input type="checkbox"/></td> </tr> <tr> <td>(Other) <input type="checkbox"/></td> <td></td> </tr> </table> | TEST WATER SHUT-OFF <input type="checkbox"/>  | PULL OR ALTER CASING <input type="checkbox"/> | FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON <input type="checkbox"/> | REPAIR WELL. <input type="checkbox"/> | CHANGE PLANS. <input type="checkbox"/> | (Other) <input type="checkbox"/> |  | <p>SUBSEQUENT REPORT OF:</p> <table style="width:100%;"> <tr> <td>WATER SHUT-OFF <input type="checkbox"/></td> <td>REPAIRING WELL <input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREATMENT <input type="checkbox"/></td> <td>ALTERING CASING <input type="checkbox"/></td> </tr> <tr> <td>SHOOTING OR ACIDIZING <input type="checkbox"/></td> <td>ABANDONMENT* <input type="checkbox"/></td> </tr> <tr> <td>(Other) <input type="checkbox"/> Status Update</td> <td><input checked="" type="checkbox"/></td> </tr> </table> <p>(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)</p> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> | (Other) <input type="checkbox"/> Status Update | <input checked="" type="checkbox"/> |
| TEST WATER SHUT-OFF <input type="checkbox"/>   | PULL OR ALTER CASING <input type="checkbox"/> |   |   |  |   |                                  |                                       |  |                                  |  |   |   |   |   |  |  |                                       |  |                                     |
| FRACTURE TREAT <input type="checkbox"/>  | MULTIPLE COMPLETE <input type="checkbox"/>    |   |   |  |   |                                  |                                       |  |                                  |  |   |   |   |   |  |  |                                       |  |                                     |
| SHOOT OR ACIDIZE <input type="checkbox"/>  | ABANDON <input type="checkbox"/>              |   |   |  |   |                                  |                                       |  |                                  |  |   |   |   |   |  |  |                                       |  |                                     |
| REPAIR WELL. <input type="checkbox"/>  | CHANGE PLANS. <input type="checkbox"/>        |   |   |  |   |                                  |                                       |  |                                  |  |   |   |   |   |  |  |                                       |  |                                     |
| (Other) <input type="checkbox"/>   |   |   |   |  |   |                                  |                                       |  |                                  |  |   |   |   |   |  |  |                                       |  |                                     |
| WATER SHUT-OFF <input type="checkbox"/>  | REPAIRING WELL <input type="checkbox"/>       |   |   |  |   |                                  |                                       |  |                                  |  |   |   |   |   |  |  |                                       |  |                                     |
| FRACTURE TREATMENT <input type="checkbox"/>  | ALTERING CASING <input type="checkbox"/>      |   |   |  |   |                                  |                                       |  |                                  |  |   |   |   |   |  |  |                                       |  |                                     |
| SHOOTING OR ACIDIZING <input type="checkbox"/>   | ABANDONMENT* <input type="checkbox"/>         |   |   |  |   |                                  |                                       |  |                                  |  |   |   |   |   |  |  |                                       |  |                                     |
| (Other) <input type="checkbox"/> Status Update   | <input checked="" type="checkbox"/>           |   |   |  |   |                                  |                                       |  |                                  |  |   |   |   |   |  |  |                                       |  |                                     |

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.

**RECEIVED**

OCT 31 1990

COLO. OIL & GAS CONS. COMM



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

SIGNED

*J. Roy White*  
J. Roy White

TITLE

Operations Manager

DATE

October 29, 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.**