

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

SUBMIT ORIGINAL AND 1 COPY

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 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. 43928
2. NAME OF OPERATOR Berenergy Corporation			6. PERMIT NO.
3. ADDRESS OF OPERATOR P. O. Box 5850 CITY: Denver STATE: CO ZIP CODE: 80217			7. API NO. 050875733
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface: NW SW, Sec. 15-T2N-R55W			8. WELL NAME Forbes-Marick
At proposed prod. zone: Same			9. WELL NUMBER 5
12. COUNTY Morgan			10. FIELD OR WILDCAT Zorichak
			11. QTR. QTR. SEC., T.R. AND MERIDIAN NWSW, Sec. 15, 2N, 55W

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 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 _____

Propose to plug & abandon as follows:

- Fill 4½" csg w/sand from PBTD to 10' above top perf (5064'-4950'). Set 5 sx cmt plug on top of sand.
- Cut off & recover as much csg as possible.
- Set 15 sx cmt plug across base of 7-5/8" surf csg @ 191'.
- Set 10 sx cmt plug @ surface.
- Cut off surf csg 3' below GL & weld on cap.
- Clean up & restore surface to original contour.

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



SIGNED Donn W. Murphy TELEPHONE NO. 303-295-2323

NAME (PRINT) Donn W. Murphy TITLE Dist. Petr. Engineer DATE 9/26/91

(This space for Federal or State office use)

APPROVED Edwin B. Bradley TITLE Engineer DATE 10-17-91

CONDITIONS OF APPROVAL, IF ANY: