

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.)

<input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input checked="" 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			7. API NO. 05 087 05733
CITY Denver,	STATE CO	ZIP CODE 80217	8. WELL NAME Forbes-Marick
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface NSW, Sec 15, T2N, R55W			9. WELL NUMBER 5
At proposed prod. zone Same			10. FIELD OR WILDCAT Zorichak
12. COUNTY Morgan			11. QTR. QTR. SEC., T.R. AND MERIDIAN NSW, 15, 2N, 55W

RECEIVED

JAN 29 1992

FILED. OIL & GAS CONS. COMM.

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

13A. NOTICE OF INTENTION TO:

- ☐ PLUG AND ABANDON
- ☐ MULTIPLE COMPLETION
- ☐ COMMINGLE ZONES
- ☐ FRACTURE TREAT
- ☐ REPAIR WELL
- ☐ OTHER _____

13B. SUBSEQUENT REPORT OF:

- ☒ FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG)
- ☐ ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS)
- ☐ REPAIRED WELL
- ☐ OTHER

*Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingle Completions and Recompletions

13C. NOTIFICATION OF:

- ☐ SHUT-IN; TEMPORARILY ABANDONED (DATE _____) (REQUIRED EVERY 6 MONTHS)
- ☐ PRODUCTION RESUMED (DATE _____)
- ☐ LOCATION CHANGE (SUBMIT NEW PLAT)
- ☐ WELL NAME CHANGE
- ☐ 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 1/9/92

- 1) Spot 15 sack cement plug across perms.
- 2) Cut off 4-1/2" casing @ 405' & recovered same.
- 3) Set 35 sack cement plug @ base of 7-5/8" surface casing @ 191'.
- 4) Set 10 sack cement plug @ top of surface casing.
- 5) Cut off surface casing 3' below G.L. & welded on cap.
- 6) Cleaned up & restored surface to original contour.

EXHAUSTED
OIL WELL



00075664

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

SIGNED Donn W. Murphy TELEPHONE NO. 295-2323
NAME (PRINT) Donn W. Murphy TITLE Dist. Petroleum Engineer DATE 1/27/92

(This space for Federal or State office use)

APPROVED Eric B. B. Day TITLE Engineer DATE 3-23-92
CONDITIONS OF APPROVAL, IF ANY: