



Operator:

State of Colorado

OIL AND GAS CONSERVATION COMMISSION

Department of Natural Resources

1120 Lincoln Street, Suite 801

Denver, Colorado 80203

Tel: 303.894.2100

Fax: 303.894.2109

TODAY'S DATE:

RE:

Location:

API#: 05

Dear Operator of Record:

Upon review of subject well file(s) we still require the following information:

FORM 4 SUNDRY NOTICE - Rule 307.

____ Change of Location (confirm both new AND old footages from section line and provide new survey plat). Rule 303f and COGCC policy considers a change of $\frac{1}{4}$ $\frac{1}{4}$ to be substantive, requiring a new Permit.

Abandoned Location (indicate well never drilled and surface restored). Rule 307.

_____ Status Update REQUIRED EVERY 12 MONTHS on all Shut-In, Temporarily Abandoned and Waiting on Completion wells. Rule 319b.

Date Shut-In or Production Resumed. Rule 319.

Change of Well Name/Number

FORM 5/5A COMPLETION REPORTS - Rule 308. Form 5 Required on ALL wells drilled.

 Complete Form 5 (Log tops must be on form, not attached)

Complete Form 5A or item(s) #: _____, _____, _____, _____, _____, _____.

Complete the following item(s) on Form 5: #__, #__, #__, #__.

Recompletion or Commingled Data on Form 5A for _____ formation. Submit information on the formations whose status changed only.

FORM 6 WELL ABANDONMENT REPORT - Rule 311. Required for filing of intent or subsequent report of abandonment.

____Final Plugging and Abandonment, attach verification of all plugs set.

Plug Verification for: _____ All plugs or _____

FORM 10 CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR - Rule 312.

All blanks must be completely filled in regardless of reason this form is submitted.

Complete form (due within 30 days after initial sale of gas or oil production).

CHANGE OF OPERATOR (must be signed by new operator)

Oil Transporter/purchaser change

____ Gas Gatherer/purchase change

New Form for Recompleted or Commingled Formation _____

FORM 21 MECHANICAL INTEGRITY TEST - Rule 316b.

____ A Mechanical Integrity Test is required within two (2) years of Shut-In Date. Please contact Area Engineer, _____, at phone # _____, to schedule MIT for this well.

MISCELLANEOUS

One complete wet of Wireline electric logs (or _____ log only). Rule 308.

X Other: DIRECTIONAL SURVEY

PERMIT EXPIRED ON _____. Submit the following applicable data:

- (1) If Total Depth reached: Form 5, Form 5A and 10 (if producing) and one set of all logs run
(2) If plugged: Form 6, Form 5, one set of all logs run and Plug Verification (Third Party Job Log)
(3) If never drilled: Form 4 stating "Abandoned Location and Surface Restored"

If you have questions regarding this notice contact: BILL MCCAW Ext. 119
(please print)

PLEASE RETURN THIS NOTICE WITH YOUR RESPONSE BY 2/5/2002

For COGCC Use Only: DATE RESOLVED: _____ By: _____

Rev. 8/2000