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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 type="checkbox"/> OIL WELL <input checked="" 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
6 PERMIT NO		7 API NO 05-057- <del>5011</del> 5085
8 NAME OF OPERATOR Tom Brown Inc.		8 WELL NAME Blevins
9 ADDRESS OF OPERATOR 141 Union Blvd., St.		9 WELL NUMBER A-1
CITY STATE ZIP CODE Lakewood CO 80228		10 FIELD OR WILDCAT Canadian River
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements See also space 17 below ) At surface 990' FNL, 1650' FWL At proposed prod zone Sec11, T9N, R78W		11 QTR. QTR. SEC.. T.R. AND MERIDIAN NW Sec11, T9N, R78W
12 COUNTY Jackson		

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

13A. NOTICE OF INTENTION TO: <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 _____	13B. SUBSEQUENT REPORT OF: <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 reports of Multiple/Commingle Completions and Recompletions</small>	13C. NOTIFICATION OF: <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 Sept. 96 Notify COGCC 48 hrs prior to work.

1. Place cement plug from TD to <sup>100'</sup>~~50'~~ above top perf. Perfs 1486'-1533'
2. TD 1593' PBTD 1487'?
3. Cut 3 1/2" casing and pull at 241'. Surface casing at 191'.
4. Place cement from 241' to 141' across 8 5/8" surface casing.
5. Spot 50' cement at surface.
6. Cut off wellhead 4' below GL & weld on plate with well information.
7. Reclaim location.

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

SIGNED William J. Rippy Jr TELEPHONE NO. 970-858-3736

NAME (PRINT) BILL RIPPY TITLE CONTRACTOR DATE 9/1/96

(This space for Federal or State office use)

APPROVED [Signature] TITLE \_\_\_\_\_ DATE 9/16/96  
CONDITIONS OF APPROVAL, IF ANY: