



00271934

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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| ET | FE | UC | SE |

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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.) | | 5 FEDERAL INDIAN OR STATE LEASE NO |
| <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 | | 6 PERMIT NO |
| 2 NAME OF OPERATOR Tom Brown Inc. | | 7 API NO 05-057- 5011 5085 |
| 3 ADDRESS OF OPERATOR 141 Union Blvd., St. | | 8 WELL NAME Blevins |
| CITY STATE ZIP CODE Lakewood CO 80228 80228 | | 9 WELL NUMBER A-1 |
| 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 | | 10 FIELD OR WILDCAT Canadian River |
| 12 COUNTY Jackson | | 11 QTR. QTR. SEC.. T.R. AND MERIDIAN NW Sec11, T9N, R78W |



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

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| 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/Commingled 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.

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