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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
1 NAME OF OPERATOR <i>Tom Brown Inc.</i>			6 PERMIT NO 05-057-5085
3 ADDRESS OF OPERATOR <i>141 Union Blvd. Ste 400</i>			7 APT NO <i>05-057-5085</i>
CITY STATE ZIP CODE <i>Lakewood CO 80228</i>			8 WELL NAME <i>Blowers</i>
4 LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>990' FNL, 1650' FWL</i>			9 WELL NUMBER <i>A-1</i>
At proposed prod zone <i>SEC 11, T9N, R78W</i>			10 FIELD OR WILDCAT <i>Canadian River</i>
12 COUNTY <i>Jackson</i>			11 QTR. QTR. SEC., T.R. AND MERIDIAN <i>NW SEC 11, T9N, R78W</i>

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

13A. NOTICE OF INTENTION TO: <input 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 checked="" 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/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 9/28 thru 9/30/96

- Spot 10 sks cement plug across perms. Tag tops at 1330'
- Cut 3 1/2" casing. Did not pull, cut at 241'
- Squeeze 30 sks cement in & out of 3 1/2".
- Spot 15 sks cement at surface.
- Cut off wellhead 4' below G.L. & weld on plate w/well info.

EXHAUSTED OIL WELL



00271931

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 10/15/96

(This space for Federal or State office use)

APPROVED *[Signature]* TITLE _____ DATE 11/12/96

CONDITIONS OF APPROVAL, IF ANY: _____

5547

WYATT REDI-MIX
P.O. BOX 1052
WALDEN, COLORADO 80480

NAME	<i>Rippy Well Service Inc.</i>	DATE	<i>9/30/96</i>
ADDRESS	<i>Tom Brown</i>	DELIVERY TIME	
JOB LOCATION	<i>K&N Field Blowers #1</i>		

QUANTITY	DESCRIPTION	PRICE	AMOUNT
	<i>45' sand survey</i>	<i>450</i>	<i>00</i>
	FIBER		
	HI-EARLY		
	HOT WATER		
	COLOR <i>mudage</i>	<i>32</i>	<i>00</i>
	TAX	<i>28</i>	<i>92</i>
	TRUCK TIME		
	TOTAL		<i>510 92</i>

ROCK _____ LBS. % OF MOISTURE _____ %
SAND _____ LBS. % OF MOISTURE _____ % TOTAL AGG. _____
CEMENT _____ LBS.
WATER _____ GALS.
AIR _____ OZS./CWT HI-EARLY _____ OZS./CWT.
RETARDER _____ OZS./CWT REDUCER _____ OZS./CWT
BATCH TIME _____ A.M./P.M.
WATER ADDED AT SITE _____ GALS.
O.A.T. _____

Jeff Rippy

Freshly mixed cement, mortars, grout or concrete may cause skin irritation. Avoid direct contact where possible and wash exposed area promptly with water. If any of the cementitious materials gets into the eyes, rinse immediately with water and get prompt medical attention. Keep out of reach of children.

All accounts are due and payable on the 10th of the month following the charge. Unless previous arrangements have been made, bills not paid by the 10th will be considered past due and a service charge will be added on the unpaid balance at the rate of 1.5% per month (ANNUAL PERCENTAGE RATE 18%). If legal action is necessary to enforce collection, the customer agrees to pay attorneys fees.

Order Received By _____

TIMBERLINE BUILDERS SUPPLY, INC.
10002295 Salesperson: CLIFF
WS: 116 DRW: 1 09/27/1996 08:43:54

Tom Brown
Blevins A-1

Sold: CASH SALES - TAXABLE

To : *10 Bags*
:
:
:

ITEM NUMBER	QTY	PRICE	EXTENSION
POR	10.00	7.49 BAG	74.90
PORTLAND CEMENT-94#			
41144	2.00	0.87 EA	1.74
CLAMP 9/16 TO 1-1/16"SS			
46137	2.00	0.47 LFT	0.94
TUBE VINYL 3/8" ID 9/16"			
RL/100'			M
SUBTOTAL			\$77.58
			0.00
			0.00
Ticket # 10002295	SALES TAX		4.65
=====			
pos00150	TOTAL		\$82.23

VS #4121741362301637 82.23
Tendered: 82.23