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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.)

1. <input checked="" type="checkbox"/> OIL WELL <input 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.
2. NAME OF OPERATOR PEDCO Resources Company		6. PERMIT NO. NA
3. ADDRESS OF OPERATOR 7030 S. Yale, #800 CITY STATE ZIP CODE Tulsa, OK 74136		7. API NO. 05121 07027
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface NE SE 660' FSL - 660' FEL At proposed prod. zone NE SE 660' FSL - 660' FEL		8. WELL NAME Xenia - West Unit
COLO. OIL & GAS CONS. COM. JUN 14 1991		9. WELL NUMBER 4-5
12. COUNTY Washington		10. FIELD OR WILDCAT Xenia - West
		11. QTR. QTR. SEC., T.R. AND MERIDIAN NE SE Sec. 11-T2N-R54N

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 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 checked="" type="checkbox"/> SHUT-IN TEMPORARILY ABANDONED (DATE <u>10/87</u>) (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 _____

The well was temporarily abandoned 10/87 due to a hole in the casing. Oil prices and production did not justify the repair costs.

Pedco Resources plans to have the well plugged during the 1991 summer months. Thereby we are requesting an extension of six months to allow work to be done.

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

SIGNED Teresa W. McBride TELEPHONE NO. (918) 492-2648

NAME (PRINT) Teresa W. McBride TITLE Production Tech DATE 6/12/91

(This space for Federal or State office use)

APPROVED [Signature] TITLE Engineer DATE 7-1-91

CONDITIONS OF APPROVAL, IF ANY:

STATUS REPORT REQUIRED
EVERY 6 MONTHS ON SHUT-IN
& TEMPORARILY ABANDONED WELLS.