

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

SUBMIT ORIGINAL AND 1 COPY



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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 Snowden Oil Company			6. PERMIT NO.	
3. ADDRESS OF OPERATOR 230 Youngfield Drive CITY: Lakewood, STATE: CO ZIP CODE: 80228			7. API NO. 05-121-9498	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface: NW NE Sec. 32: T2N-R54 At proposed prod. zone: 860' FN 1980' FE			8. WELL NAME Walker	
12. COUNTY Washington			9. WELL NUMBER No. 2	
			10. FIELD OR WILDCAT Uranus	
			11. QTR. QTR. SEC., T.R. AND MERIDIAN NW NE Sec 32: T2N R54	

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 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 _____

Plan to plug and abandon this well within the next six (6) months.
No plans to produce during this time.

Please submit plugging plans for approval.
Please submit date well was shut in.

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

SIGNED M.A. Snowden TELEPHONE NO. 303-986-2985

NAME (PRINT) M.A. Snowden TITLE Owner DATE 10-10-95

(This space for Federal or State office use)

APPROVED DK [Signature] TITLE SR PETROLEUM ENGINEER DATE NOV 13 1995
O & G Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY: