

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



RECEIVED
JAN 15 1985
JAN 10 1985
COLO. OIL & GAS CONS. COMM.
COLO. OIL & GAS CONSV. CO.

File in duplicate for Patented and Federal lands.
File in triplicate for State lands.

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 5. LEASE DESIGNATION TO GAS CONSV. CO. | |
| 2. NAME OF OPERATOR Petromax Energy Corporation | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 3. ADDRESS OF OPERATOR 2421 E. 88th Ave. Unit E Thornton, CO 80229 | | 7. UNIT AGREEMENT NAME | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface C SE SW 9-5N-66W- Weld County At proposed prod. zone | | 8. FARM OR LEASE NAME Far West | |
| 14. PERMIT NO. | | 9. WELL NO. #24-9 | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | | 10. FIELD AND POOL, OR WILDCAT | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA | |
| | | 12. COUNTY Weld | 13. STATE CO |

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|---|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON <i>location</i> <input checked="" type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL. <input type="checkbox"/> | CHANGE PLANS. <input type="checkbox"/> | (Other) _____ | (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) |

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (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 to this work.)

18. Date of work _____ * Must be accompanied by a cement verification report.

well was never drilled and Petromax has no immediate plans to drill same.

| |
|--|
| NS |
| FJP |
| MHM |
| JAM |
| RCC |
| AR <input checked="" type="checkbox"/> |
| CGM |

19. I hereby certify that the foregoing is true and correct
SIGNED *Robert A. Smith* TITLE Vice President DATE 1-8-85

(This space for Federal or State office use)
APPROVED BY *William Smith* TITLE DIRECTOR DATE JAN 17 1985
CONDITIONS OF APPROVAL, IF ANY: G & G Cons. Comm.

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