



00623368

OGCC FORM 4
Rev. 1/78

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

FOR OFFICE USE			
ET	FE	UC	SE

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 & SERIAL NO. N/A	
2. NAME OF OPERATOR Medallion Petroleum, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A	
3. ADDRESS OF OPERATOR 320 South Boston Suite 200, Tulsa, Ok. 74103-3708		7. UNIT AGREEMENT NAME N/A	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface SW/4 SW/4 666' FSL 682' FWL At proposed prod. zone		8. FARM OR LEASE NAME E. J. Harms	
14. PERMIT NO. 88-491		9. WELL NO. #1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5373' GR		10. FIELD AND POOL, OR WILDCAT Wildcat ^{LONGSPINE} ^{COYOTE}	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 8-11N-59W	
		12. COUNTY Weld	13. STATE Co.

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

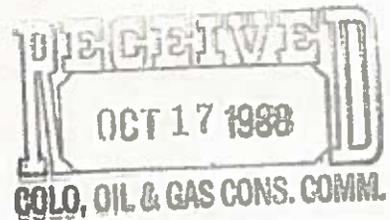
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL, (Other) <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Completion</u> <input checked="" type="checkbox"/>	

(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 7/8/88 to 8/2/88 * Must be accompanied by a cement verification report.

Re-entered, cased & completed well as reported on Colorado OGCC Form #5.



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

PRINT Lee C. Francis, Agent for Medallion

SIGNED Lee C. Francis TITLE Petroleum Engineer DATE 8/17/88

(This space for Federal or State office use)

APPROVED BY William R. Smith TITLE DIRECTOR DATE NOV 17 1988

CONDITIONS OF APPROVAL, IF ANY: O & G Cons. Comm.