

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

00070928

RECEIVED
JUL -9 1984

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. COLO. OIL & GAS CONS. COMM	
2. NAME OF OPERATOR Petromax Energy Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 14 Inverness Dr. East H-140 Englewood, Co. 80112		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 660 NFL 660 FWL NW NW S9 T5N R66W At proposed prod. zone		8. FARM OR LEASE NAME McCloskey	
		9. WELL NO. 11-9	
		10. FIELD AND POOL, OR WILDCAT Wattenberg	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA S9 T5N R66W	
14. PERMIT NO. 84185	15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR 4775'	12. COUNTY Weld	13. STATE Co.

WRS
FJP
JAM
RCC
LAR
CGM
ED

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 checked="" type="checkbox"/>	(Other) <input 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 _____

* Must be accompanied by a cement verification report.

Change 80 acre laydown to 80 acre standup.
Petromax has the entire NW¼ S9 T5N R66W under lease.

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

SIGNED William R Smith TITLE V.P. DATE 7-5-84

(This space for Federal or State office use)

APPROVED BY William R Smith TITLE Director DATE JUL 1 1984

CONDITIONS OF APPROVAL, IF ANY: