

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



RECEIVED

FEB 21 1986

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION & SERIAL NO.	
2. NAME OF OPERATOR Diversified Resources Limited		6. IF INDIAN LANDS, STATE OF TRIBES, NAME	
3. ADDRESS OF OPERATOR 1600 Stout Street, Suite 1500, Denver, Colorado 80202		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 1980' FNL & 500' FWL (SW NW) At proposed prod. zone Same		8. FARM OR LEASE NAME Lewis, N.P.	
14. PERMIT NO. 85-869		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4760' GR		10. FIELD AND POOL, OR WILDCAT New Raymer	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 12 T7N R58W	
		12. COUNTY Weld	13. STATE Colorado

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 <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input 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.

Attached please find a recap of activities on the above referenced well.

This well was temporarily abandoned as on November 11, 1985. A Sundry will follow with permanent plugging when activities occur.

WRS
FJP
TRNG
✓
POC
LAR
SGM
ED

19. I hereby certify that the foregoing is true and correct
SIGNED T.J. Cammon TITLE Manager of Operations DATE 2-18-86

(This space for Federal or State office use)
APPROVED BY William Smith TITLE DIRECTOR DATE FEB 26 1986
CONDITIONS OF APPROVAL, IF ANY:

Prior approval should be obtained before plugging

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