

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



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.	
2. NAME OF OPERATOR <b>ANTELOPE PRODUCTION COMPANY</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <b>P.O. Box 577, Kimball, Nebraska 69145</b>		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 <b>C NW/4 NW/4 Section 14, 11N-66W (660' fnl, 660' fwl)</b> At proposed prod. zone		8. FARM OR LEASE NAME <b>Warren</b>	
14. PERMIT NO. <b>N.A.</b>		9. WELL NO. <b>1</b>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>5,734' KB</b>		10. FIELD AND POOL, OR WILDCAT <b>Wildcat</b>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 14-11N-66W</b>	
		12. COUNTY <b>Weld</b>	13. STATE <b>Colo</b>

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: <b>Temporarily Abandoned</b> <input checked="" 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.

*(No perfor)*  
- Going for Codell in future  
- well holds - 2400 acres?  
TA Well 5P

FOR OFFICE USE ONLY
ET
TF
UC

RECEIVED  
MAR 30 1989  
COLO. OIL & GAS CONS. COM

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

SIGNED [Signature] TITLE Production Assistant DATE 3-27-89

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

STATUS REPORT REQUIRED  
EVERY 6 MONTHS ON SHUT-IN  
& TEMPORARILY ABANDONED WELLS