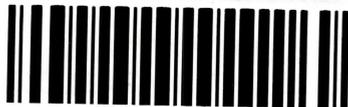


DR



SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

C-0126658-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Arrowhead Federal

9. WELL NO.

1-7

10. FIELD AND POOL, OR WILDCAT

W.C.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 7-T11W-R96W

12. COUNTY OR PARISH

Hoffat

13. STATE

Colorado

1. OIL WELL GAS WELL OTHER DRY x

2. NAME OF OPERATOR
THE FUNDAMENTAL OIL CORPORATION

3. ADDRESS OF OPERATOR
444-17TH ST., SUITE 726, DENVER, COLO. 80202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface 660' FSL 660' FSL C SE SE Sec. 7

14. PERMIT NO.

6713

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6695' GR 6706' KB

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

2-3-67 P6A

No Prior Approval

CUSGS approved 2/3/67

50 ex. T.D. to 7150'
50 ex. 6750-6900'
30 ex. plug spotted from bottom of surface casing
10 ex. top of surface casing w/marker

Hole filled with heavy mud between plugs

BEST IMAGE AVAILABLE

DVR	
FJP	
HHM	
JAM	
JJD	<input checked="" type="checkbox"/>

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

SIGNED

[Signature]

TITLE

Geologist

DATE

2-16-67

(This space for Federal or State office use)

APPROVED BY

[Signature]

TITLE

Director

DATE

FEB 17 1967

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side



00277541