

STATE OF COLORADO  
OIL AND GAS COMMISSION  
DEPARTMENT OF NATURAL RESOURCES

FOR OFFICE USE			
ET	FE	UC	SE
	SP		CHP

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 PRECISIONEERING INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 190 Jasmine St., Denver CO 80220		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, 660 fel c SE NE Sec 8, T9N, R52W At proposed prod. zone same		8. FARM OR LEASE NAME JAOUEN 33235	
14. PERMIT NO.		9. WELL NO. #1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4008 KB		10. FIELD AND POOL, OR WILDCAT Padroni	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 8, T9N, R52W	
		12. COUNTY LOGAN	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 ☐PULL OR ALTER CASING ☐WATER SHUT-OFF ☐REPAIRING WELL ☐FRACTURE TREAT ☐MULTIPLE COMPLETE ☐FRACTURE TREATMENT ☐ALTERING CASING ☐SHOOT OR ACIDIZE ☐ABANDON ☐SHOOTING OR ACIDIZING ☐ABANDONMENT\* ☒REPAIR WELL ☐CHANGE PLANS ☐(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 3/30/89 to 4/1/89

\* Must be accompanied by a cement verification report.

Verbal approval to plug 3/28/89 from Jim Kinney 2 pm  
PBSD 4992 ft, Jperfs 4722-44 ft. (gross), Top of cement 4050 ft, Surface casing 157 ft 8 5/8" W/ 110 sxs.Covered Jsand perfs with sand to 4720 ft, placed 10 sxs cmt on top of sand  
Shot off casing at 3686 ft. Spotted 25 sxs cement at base of surface casing and 5 sxs at top of surface. Cut and weld surface casing.

RECEIVED

EXHAUSTED  
OIL WELL

MAY 08 1989

COLO. OIL &amp; GAS CONS. COMM.

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

PRINT Gary L. Nydegger

SIGNED Gary L. Nydegger TITLE Operations Manager DATE 5/5/89

(This space for Federal or State office use)

APPROVED BY Stephen Felt  
CONDITIONS OF APPROVAL, IF ANY:TITLE Petro. Engr. C

DATE 5/15/89



PS Form 3811, July 1983 447-845

DOMESTIC RETURN RECEIPT

#1 Jaouen SENE 8-9N-52W

**SENDER: Complete items 1, 2, 3 and 4.**

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

**3. Article Addressed to:**

MR. JAY T. GARSKE, PRESIDENT  
GARSKE ENERGY CORPORATION  
1616 GLENARM PLACE, SUITE 2970  
DENVER, CO 80202

**4. Type of Service:**

- |                                       |                                  |
|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Registered   | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Certified    | <input type="checkbox"/> COD     |
| <input type="checkbox"/> Express Mail |                                  |

**Article Number**

P 718 577 059

Always obtain signature of addressee or agent and **DATE DELIVERED.**

**5. Signature - Addressee**

X

**6. Signature - Agent**

X

**7. Date of Delivery**

2-11-87

**8. Addressee's Address (ONLY if requested and fee paid)**