



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

| FOR OFFICE USE | | | |
|----------------|----|----|----|
| ET | FE | UC | SE |
| | SP | | OK |

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 <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 checked="" type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS: <input 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 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
PBDT 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 & GAS CONS. COMM.

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

PRINT Gary L. Nydeger
 SIGNED [Signature] TITLE Operations Manager DATE 5/5/89
 (This space for Federal or State office use)
 APPROVED BY [Signature] TITLE Petro. Engr. C DATE 5/15/89
 CONDITIONS OF APPROVAL, IF ANY:



SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PURPOSES TO FILE OR TO CHANGE OR FILE BACK TO A DIFFERENT CATEGORY
USE "APPLICATION FOR PERMIT" FOR SUCH PURPOSES

TO THE FEDERAL ATTORNEY GENERAL
NAME OF SERVICE
ADDRESS OF SERVICE
CITY AND STATE AND ZIP CODE

PS Form 3811, July 1983 447-845

#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: | Article Number |
| <input type="checkbox"/> Registered <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail | P 718 577 059 |
| <input type="checkbox"/> Insured <input type="checkbox"/> COD | |

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Jay T. Garske*

6. Signature - Agent
X

7. Date of Delivery
2-11-87

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

DOMESTIC RETURN RECEIPT

RECEIVED

MAY 0 8 1987

OIL & GAS CON. COMM.

DATE 2/11/87

FILE

FILED
FEB 11 1987
DENVER, CO