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SEP 27 1984



STATE OF COLORADO 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.)

Form fields 1-15: 1. OIL WELL [] GAS WELL [] OTHER TA; 2. NAME OF OPERATOR ENSTAR PETROLEUM CO.; 3. ADDRESS OF OPERATOR 1125 - 17th ST, SUITE 2040, DENVER, CO, 80202; 4. LOCATION OF WELL SW/4 OF SW/4 SEC. 20, T9N, R52W; 5. LEASE DESIGNATION & SERIAL NO.; 6. IF INDIAN, ALLOTTEE OR TRIBE NAME; 7. UNIT AGREEMENT NAME; 8. FARM OR LEASE NAME HOUSTON; 9. WELL NO. 20-1; 10. FIELD AND POOL, OR WILDCAT; 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA; 12. COUNTY LOGAN; 13. STATE CO; 14. PERMIT NO. API# 05-0758840; 15. ELEVATIONS

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data. NOTICE OF INTENTION TO: TEST WATER SHUT-OFF [], PULL OR ALTER CASING [], FRACTURE TREAT [], MULTIPLE COMPLETE [], SHOOT OR ACIDIZE [], ABANDON [], REPAIR WELL [], CHANGE PLANS: CHANGE OF OPERATOR [X]. SUBSEQUENT REPORT OF: WATER SHUT-OFF [], FRACTURE TREATMENT [], SHOOTING OR ACIDIZING [], REPAIRING WELL [], ALTERING CASING [], ABANDONMENT* []. (Other) CHANGE OF OPERATOR [X]. (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 EFFECTIVE SEPTEMBER 25, 1984

* Must be accompanied by a cement verification report.

PREVIOUS (CURRENT) OPERATOR ENSTAR PETROLEUM CO.

NEW OPERATOR 91500 UNION TEXAS PETROLEUM 14001 E. ILLIFF AVE SUITE 500, THE FORUM AURORA, CO. 80014 (303) 695-8778

19. I hereby certify that the foregoing is true and correct SIGNED JIM WALSTON TITLE GENERAL MANAGER DATE 9/25/84

(This space for Federal or State office use) APPROVED BY William Arnold TITLE DIRECTOR O & G Cons. Comm. DATE

CONDITIONS OF APPROVAL, IF ANY:

W

Handwritten initials

Handwritten checkmark