

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



RECEIVED  
NOV 16 1982

File in duplicate for Patented and Federal lands.  
File in triplicate for State lands.

BASED ON DESIGNATION TO CONSERVATION COMM.

**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"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR <u>Unioil</u>		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR <u>789 Sherman, Suite 600, Denver, Colorado 80203</u>		8. FARM OR LEASE NAME <u>Rodenberger</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>940' FNL, 1330' FEL, Section 12, T7N R68W, Larimer County, Colorado</u> At proposed prod. zone <u>Same</u>		9. WELL NO. <u>1</u>	
14. PERMIT NO. <u>05-069-6073</u>		10. FIELD AND POOL, OR WILDCAT <u>Wildcat Kitchel Lake</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>5,043' GR</u>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 12, T7N R68W</u>	
		12. COUNTY <u>Larimer</u>	13. STATE <u>CO.</u>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>
REPAIR WELL, (Other) <input type="checkbox"/>	CHANGE PLANS. <input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>	

(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 12-11/10/82

\* Must be accompanied by a cement verification report.

1. Pull And Lay Down Rods And Pump
2. Lower Tubing To 6,800' And Equalize A 50 Sack Plug Of Class "A" Cement.
3. Pull Up To 6,100' Wait On Cement Four Hours
4. Tag Top Of Cement With Tubing
5. Pull And Lay Down Tubing
6. Cut 4 1/2", 11.60# Casing @ 6,100'
7. Pull And Lay Down Casing
8. Run Tubing To 430' Equalize 13 Sack Plug Of Class "A" Cement
9. Pull Up 400' Equalize 12 Sack Plug Of Class "A" Cement
10. Pull Up To 25' Equalize 10 Sack Plug Of Class "A" Cement
11. Cut Off 9 5/8" Casing 3' Below Ground Level And Weld 1/4 Plate On Casing Stub

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

EXHAUSTED  
OIL WELL

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

SIGNED Wendell P. G. Jensen TITLE Production Superintendent DATE 11/2/82

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR O & G Cons. Comm. DATE NOV 18 1982

CONDITIONS OF APPROVAL, IF ANY:

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

RECEIVED

MAY 08 1984

**\*CORRECTED REPORT**

File in duplicate for Patented and Federal lands.  
File in triplicate for State lands.

**COLD OIL & GAS CONS. COMM.**

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 UNIOIL		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 3817 Carson Street, Evans, CO 80620		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 940' FNL, 1330' FEL, Sec. 12-T7N-R68W At proposed prod. zone Larimer County, Colorado Same		8. FARM OR LEASE NAME Rodenberger	
14. PERMIT NO. 05-069-6073		9. WELL NO. #1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5043' GR		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12-T7N-R68W	
		12. COUNTY Larimer	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 type="checkbox"/>
REPAIR WELL, (Other) <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	<input checked="" type="checkbox"/>

(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.

To file correction on sundry notice filed w/state dated 11-2-82 and approved by commission 12-6-82. Item #18 should read 12-10-82. See attached copy from Donnelly Casing Pulling Co.

WRS  
FJP  
NHM  
JAM  
RCC  
LAR  
OGM  
ED

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

SIGNED Jim Goad TITLE Vice-president DATE 5-7-84

(This space for Federal or State office use)

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

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_