

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

RECEIVED
SEP 30 1987
COLO. OIL & GAS CONS. COMM.



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

LEASE DESIGNATION & SERIAL NO.

<p>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.)</p>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
<p>1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER</p>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR <u>InterMountain Oil Company</u>		8. FARM OR LEASE NAME <u>Walters</u>	
3. ADDRESS OF OPERATOR <u>P.O. Box 697, Niwot, Co 80544</u>		9. WELL NO. <u>1</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>410 East of Center sect 11, 9N, 54W</u> At proposed prod. zone <u>SE NE</u>		10. FIELD AND POOL, OR WILDCAT <u>Cedar Creek</u>	
14. PERMIT NO. <u>85-1806</u>		15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>4266 KB</u>	
		12. COUNTY <u>Logan</u>	13. STATE <u>CO</u>

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 <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>	(Other) _____	

(Other) Shut-in

(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.

Well shut-in. No natural gas market off K-N Pipeline.

FOR OFFICE USE ONLY
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FUC
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19. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE C.E.O. DATE 9-29-87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____

STATUS REPORT REQUIRED EVERY 6 MONTHS ON SHUT-IN & TEMPORARILY ABANDONED WELLS.