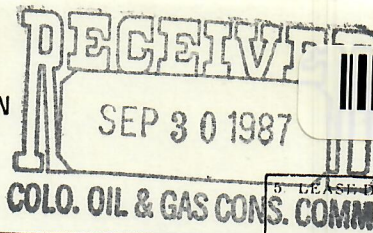


STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES



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

LEASE DESIGNATION & SERIAL NO.

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR <u>InterMountain Oil Company</u>		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR <u>P.O. Box 697, Niwot, Co 80544</u>		8. FARM OR LEASE NAME <u>Walters</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>		9. WELL NO. <u>1</u>	
14. PERMIT NO. <u>85-1806</u>		10. FIELD AND POOL, OR WILDCAT <u>Cedar Creek</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>4266 KB</u>		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA <u>SE NE 11-9N-54W</u>	
		12. COUNTY <u>Logan</u>	13. STATE <u>CO</u>

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON ☐
CHANGE PLANS ☐

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(Other) Shut-in

(Other)

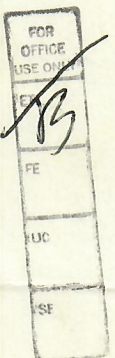
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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 _____

* Must be accompanied by a cement verification report.

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



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

SIGNED

TITLE C.E.O.

DATE 9-29-87

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

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

DATE