

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



Apply for Patented and Federal lands.
Apply for State lands.

RECEIVED

5. NAME DESIGNATION & SERIAL NO.
JAN 30 1986

6. IF INDIAN ALIEN OR INDIAN TRIBE NAME
COLO. OIL & GAS CONSERV. 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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR InterMountain Oil Company		8. FARM OR LEASE NAME Ted Ruf	
3. ADDRESS OF OPERATOR 1445 Florida Ave. Suite 100 Longmont, CO 80501		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface SE NW Section 13 - T9N-R54W At proposed prod. zone		10. FIELD AND POOL, OR WILDCAT Cedar Creek	
14. PERMIT NO. 85-1807		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4276 GR	
		12. COUNTY Logan	13. STATE Colo.
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 13, T9N, R54W	

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 checked="" 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)	<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 12/29/85

* Must be accompanied by a cement verification report.

Plugged well with 35 sacks at 5105 to 5210; 20 sacks 130 to 170 feet and 10 sacks from surface to 30 feet.
See Attached

WRS	
FJP	
HHM	
MM	<input checked="" type="checkbox"/>
RCC	<input checked="" type="checkbox"/>
LAR	<input checked="" type="checkbox"/>
CGM	
ED	

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

SIGNED

Richard G. Smith

TITLE

CEO

DATE

1/28/86

(This space for Federal or State office use)

APPROVED BY

William R. Smith

TITLE

DIRECTOR

DATE

FEB 4 1986

CONDITIONS OF APPROVAL, IF ANY:

O & G Cons. Comm.

