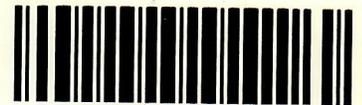


OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES
OF THE STATE OF COLORADO

RECEIVED
JUL 25 1979



99999999

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

COLO. OIL & GAS CONS. COM. LEASE DESIGNATION AND 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 GAS WELL OTHER Dry Hole

2. NAME OF OPERATOR
Tipperary Corporation & Exeter Drilling Northern, Inc.

3. ADDRESS OF OPERATOR
P. O. Box 17349, Denver, Colorado 80217 TA

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface 1980' FSL 1980' FEL, Sec. 14-9N-53W
At proposed prod. zone

14. PERMIT NO. 79 498

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4053' GR

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
API 07508712

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Croissant

9. WELL NO.
#1

10. FIELD AND POOL, OR WILDCAT
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
NW SE 14-9N-53W

12. COUNTY Logan

13. STATE Colorado

16. 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	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<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.)

Date of work *6-20-79*
P & A June 17, 1979

Well was plugged as follows:

- 15 sx. Bottom of surface
- 10 sx. Top of surface

A steel cap was welded over top of surface.

DVR	<input checked="" type="checkbox"/>
FJD	<input checked="" type="checkbox"/>
HMS	<input checked="" type="checkbox"/>
JAN	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
RLS	<input type="checkbox"/>
COM	<input type="checkbox"/>



00238476

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

SIGNED *[Signature]* TITLE Agent DATE 7/24/79

(This space for Federal or State office use)

APPROVED BY *[Signature]* TITLE DIRECTOR DATE AUG 7 1979

CONDITIONS OF APPROVAL, IF ANY:

X