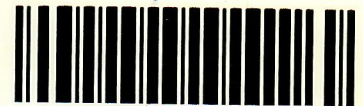


**OIL AND GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES  
OF THE STATE OF COLORADO**

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Dry Hole		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Tipperary Corporation & Exeter Drilling Northern, Inc.		7. UNIT AGREEMENT NAME API 07508712	
3. ADDRESS OF OPERATOR P. O. Box 17349, Denver, Colorado 80217 TA		8. FARM OR LEASE NAME Croissant	
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		9. WELL NO. #1	
14. PERMIT NO. 79 498		10. FIELD AND POOL, OR WILDCAT Wildcat	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4053' GR		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.)

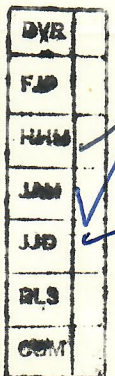
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Date of work 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.



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 D.V. Rogers  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

**DIRECTOR**  
U S D NARS. COMM.

DATE

**AUG 7 1979**