

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

RECEIVED

MAR 3 1983



00216931

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

5. LEASE DESIGNATION &amp; SERIAL NO.

78/3112S

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

## 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 Dry  |  | 7. UNIT AGREEMENT NAME  |                       |
| 2. NAME OF OPERATOR<br>Lexicon Resources Corporation  |  | 8. FARM OR LEASE NAME<br>Lexicon State                        |                       |
| 3. ADDRESS OF OPERATOR<br>633 17th Street, Suite 2110, Denver, CO 80202   |  | 9. WELL NO.<br>41-22  |                       |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface C NE NE 660' FNL, 660' FEL<br>At proposed prod. zone |  | 10. FIELD AND POOL, OR WILDCAT<br>Wildcat                     |                       |
| 14. PERMIT NO.<br>801864  |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>22-8N-51W |                       |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>4165' GR 4171 KB  |  | 12. COUNTY<br>Logan   | 13. STATE<br>Colorado |

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

## NOTICE OF INTENTION TO:

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

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

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐  
FRACTURE TREATMENT ☐  
SHOOTING OR ACIDIZING ☐  
(Other) ☐  
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

REPAIRING WELL ☐  
ALTERING CASING ☐  
ABANDONMENT\* ☒

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 2/8/81

\* Must be accompanied by a cement verification report.

TD 4587' PBD 0'

20 sx at base of surface casing  
10 sx at top of surface casing

|     |  |
|-----|--|
| DVR |  |
| FJP |  |
| HHM |  |
| JAM |  |
| RCC |  |
| LAR |  |
| GCM |  |

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

SIGNED

Phyllis K. Scott

TITLE

Exploration Mgr

DATE

2/28/83

(This space for Federal or State office use)

APPROVED BY

M. Rogers

TITLE

DIRECTOR  
O & G Cons. Comm.

DATE

MAR 4 1983

CONDITIONS OF APPROVAL, IF ANY: