

OIL AND GAS CONSERVATION COMMISSION RECEIVED

DEPARTMENT OF NATURAL RESOURCES OF THE STATE OF COLORADO



00235024

JUL 12 1982

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

COLO. OIL & GAS COM.

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. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">OIL WELL <input checked="" type="checkbox"/></div> <div style="width: 45%;">GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></div> </div>		5. LEASE DESIGNATION AND SERIAL NO. JAN 77-2076 S	
2. NAME OF OPERATOR Milestone Petroleum Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -----	
3. ADDRESS OF OPERATOR P. O. Box 1855, Billings MT 59103		7. UNIT AGREEMENT NAME -----	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface At proposed prod. zone		8. FARM OR LEASE NAME State	
14. PERMIT NO.		9. WELL NO. 33-32	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT WC (Stampede)	
		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA 32-8N-51W	
		12. COUNTY Logan	13. STATE CO

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) Change of Operator Name <input checked="" 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 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 _____

Previous operator: Burlington Northern Inc.

Current operator: Milestone Petroleum Inc.

(Milestone Petroleum Inc. is a wholly-owned subsidiary of Burlington Northern Inc.).

DVR	
FAP	
MMH	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	
RLS	
OGM	

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

SIGNED

TITLE Operations Manager

DATE 7/7/82

(This space for Federal or State office use)

APPROVED BY

TITLE

DIRECTOR
O & G Cons. Comm.

DATE AUG 12 1982

CONDITIONS OF APPROVAL, IF ANY: