

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



00283868

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

**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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION & SERIAL NO.	
2. NAME OF OPERATOR Kenneth L. Tipps		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1720 S. Bellaire #410, Denver, 80222		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 660' FSL & 660' FWL At proposed prod. zone SW SW		8. FARM OR LEASE NAME Buczowskyj 59223	
14. PERMIT NO. 59223		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5149 GR		10. FIELD AND POOL, OR WILDCAT Sleeper	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA T12N, R56W Sec. 22	
		12. COUNTY Weld	13. STATE Colo.

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 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 (Other) <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 8/26/87 \* Must be accompanied by a cement verification report.

Ran sand and filled casing to above perforations.  
Set 5 sx cement on top of sand. Recovered 5 1/2" casing from 5200'. Set 25 sx. cement in and out of bottom of surface pipe at 344'. Set 10 sx. cement in top of surface pipe.

EXHAUSTED OIL WELL

RECEIVED  
DEC 07 1987  
COLO. OIL & GAS CONS. COMM.

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

SIGNED [Signature] TITLE Operator DATE 12/4/87

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE SUPR. PETROLEUM ENGINEER DATE DEC 09 1987  
Oil & Gas Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY:

FOR OFFICE USE ONLY  
EF  
FE  
UC  
SE MP