



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

RECEIVED  
JUL 12 1982

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

COLORADO OIL & GAS CONSERVATION COMMISSION

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

2. NAME OF OPERATOR  
Milestone Petroleum Inc.

3. ADDRESS OF OPERATOR  
P. O. Box 1855, Billings MT 59103

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

14. PERMIT NO. \_\_\_\_\_ 15. ELEVATIONS (Show whether DF, RT, GR, etc.) \_\_\_\_\_

5. LEASE DESIGNATION AND SERIAL NO. \_\_\_\_\_

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
\_\_\_\_\_

7. UNIT AGREEMENT NAME  
\_\_\_\_\_

8. FARM OR LEASE NAME  
Claycomb A

9. WELL NO.  
No. 1

10. FIELD AND POOL, OR WILDCAT  
Big Bend

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
2-T3S - R61W

12. COUNTY Adams 13. STATE CO

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	
(Other) Change of Operator Name <input checked="" 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.).

DVB	
FJP	
HHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	
RLS	
CGM	

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

SIGNED [Signature] TITLE Operations Manager DATE 7/7/82

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR O & G Cons. Comm. DATE JUL 14 1982

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_