



00230493

DEPARTMENT OF NATURAL RESOURCES

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

APR 17 1987

LEASE DESIGNATION & 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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

12. COUNTY

13. STATE

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR

Timka Resources Ltd/ Three State Well Service, Inc.

3. ADDRESS OF OPERATOR

1520 East Mulberry Ste 240, Ft. Collins, CO

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)

At surface Lot 1 also described as NE/4NE/4

At proposed prod. zone

Claycomb

Big Bend

2-3S-61W

Adams

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

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON

SHOOTING OR ACIDIZING

ABANDONMENT\*

REPAIR WELL

CHANGE PLANS.

(Other)

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

(Other) Change of Operator

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 April 17, 1987

\* Must be accompanied by a cement verification report.

Change of Operator from Timka Resources Ltd. to Timka Resources/ Three State Well Service, Inc.

88005

FOR OFFICE USE ONLY
ET <input checked="" type="checkbox"/>
FE <input type="checkbox"/>
UC <input type="checkbox"/>
SE <input type="checkbox"/>

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

SIGNED

(This space for Federal or State office use)

TITLE

SUPR. PETROLEUM ENGINEER

DATE

4/17/87

APPROVED BY

TITLE

Oil & Gas Cons. Comm.

DATE

APR 20 1987

CONDITIONS OF APPROVAL, IF ANY:

A

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