



AUG 16 1984

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

5. LEASE DESIGNATION & SERIAL NO.  
**COLO. OIL & GAS CONS. COMM.**

**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 <input checked="" type="checkbox"/> <b>Dry hole X</b>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR <b>National Cooperative Refinery Association</b>		8. FARM OR LEASE NAME <b>Maddern</b>	
3. ADDRESS OF OPERATOR <b>300 Country Club Rd., Suite 201, Casper, Wyo. 82609</b>		9. WELL NO. <b>2</b>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <b>1980' FEL, 660' FSL SW/SE Sec. 22</b> At proposed prod. zone		10. FIELD AND POOL, OR WILDCAT <b>N. Roman Nose</b>	
14. PERMIT NO. <b>84674</b>		15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>4937' GR : 4947' KB</b>	
12. COUNTY <b>Adams</b>		13. STATE <b>Colo.</b>	

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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

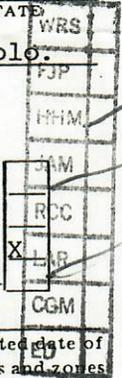
NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>
REPAIR WELL, (Other) <input type="checkbox"/>	CHANGE PLANS. <input type="checkbox"/>

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 checked="" type="checkbox"/>
(Other) _____	

(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 6-18-84

\* Must be accompanied by a cement verification report.

This dry hole was plugged in accordance with verbal instructions from Colo. O & G Comm. office as follows:

(Verification report submitted by Exeter Drilling Co.)

20 sacks in and out of surface casing.  
 10 sacks at top of surface casing.  
 Steel plate welded on top of surface casing.

Well Data:  
 8 5/8" casing at 304' with 250 sacks.  
 7 7/8" hole to TD 5786'.  
 10 ppg drilling mud left in hole.

As soon as practical, the location will be cleaned up and restored so that normal farming operations can be resumed. You will be notified when the cleanup and restoration is complete.

*Cleanup, backfilling and restoration has been completed.*

*W.O. Sparks  
 8-14-84*

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

SIGNED W.O. Sparks TITLE District Superintendent DATE 6-25-84

(This space for Federal or State office use)

APPROVED BY William R. Smith TITLE DIRECTOR O & G Cons. Comm. DATE SEP 4 1984

CONDITIONS OF APPROVAL, IF ANY: