

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION



RESOURCES

00213230
Federal lands.

LEASE DESIGNATION & SERIAL NO.
C-09222

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"/> T.A. Status		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Bruce Madden AKA Mountain Energy		8. FARM OR LEASE NAME Federal Deakins	
3. ADDRESS OF OPERATOR c/o 5005 Tule Lake Drive Littleton, CO 80123		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface NWSESE At proposed prod. zone Approximately same at total depth		10. FIELD AND POOL, OR WILDCAT Buck Peak	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 23, T.6N., R.90W.	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7150'RB	12. COUNTY Moffat	13. STATE Colo

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) Extension of T.A. Status <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) _____ (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 _____ * Must be accompanied by a cement verification report.

Approval of extension of Temporary Abandonment Status.

RECEIVED

MAR 5 1988

COLO. OIL & GAS CON. COMM.

RECEIVED

DEC 12 1988

COLO. OIL & GAS CON. COMM.

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

SIGNED Robert I. Meyer

TITLE Agent

DATE Dec. 9, 1988

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

STATUS REPORT REQUIRED
EVERY 6 MONTHS ON SHUT-IN
TEMPORARILY ABANDONED WELLS.

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCESFile in duplicate for Patented and Federal lands.
File in triplicate for State lands.

5. LEASE DESIGNATION & SERIAL NO.

C-09222

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

USA

9. WELL NO.

1-22

10. FIELD AND POOL, OR WILDCAT

Buck Peak

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

22, T. 6N., R. 90W.

12. COUNTY

Moffat

13. STATE

Colo

1. OIL WELL ☐ GAS WELL ☐ OTHER T.A. Status

2. NAME OF OPERATOR

Bruce Madden AKA Mountain Energy

3. ADDRESS OF OPERATOR

c/o 5005 Tule Lake Drive Littleton, CO 80123

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.

See also space 17 below.)

At surface (SENE (1990'FNL & 690'FEL)

At proposed prod. zone

Approximately same at total depth

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6930'

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐
☐
☐
☐
☐

PULL OR ALTER CASING

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☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON

REPAIR WELL

CHANGE PLANS

(Other) Extension of T.A. Status

☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐
☐
☐

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

☐
☐
☐
☐
☐

(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

* Must be accompanied by a cement verification report.

Approval of extension of Temporary Abandonment Status.

RECEIVED

MAR 26 1990

COLO. OIL & GAS CONS. COMM.

RECEIVED

DEC 12 1988

COLO. OIL & GAS CONS. COMM.

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

SIGNED

Agent

TITLE Agent

DATE

Dec. 9, 1988

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

STATUS REVIEW REQUIRED
EVERY 6 MONTHS ON SHUT-IN
TEMPORARILY ABANDONED WELLS.