

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



00213235

File 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
Federal Deakins

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Buck Peak

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
23, 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 NWSESE
At proposed prod. zone

Approximately same at total depth

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
7150'RB

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

DEC 12 1988

COLO. OIL & GAS CONS. COMM

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

SIGNED Robert J. Geyer
(This space for Federal or State office use)

TITLE Agent

DATE Dec. 9, 1988

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

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