

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION

DEPARTMENT OF NATURAL RESOURCES



00213236

ate for Patented and Federal lands.
ate 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.)

1. OIL ☐ 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

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.

14. PERMIT NO.

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

7150'KB

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

☐
☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON

REPAIR WELL

CHANGE PLANS

(Other) Extension of T.A. Status ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

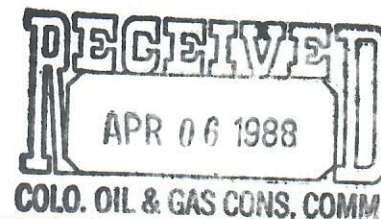
☐
☐
☐
☐

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.



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

SIGNED

Albert P. Ceyer

TITLE Agent

DATE 4/5/88

(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.