

00213237

STATE OF COLORADO
CONSERVATION COMMISSION
OF NATURAL RESOURCES

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input 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'KB	12. COUNTY Moffat	13. STATE Colo

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 <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Extension of T.A. Status <input checked="" type="checkbox"/>	

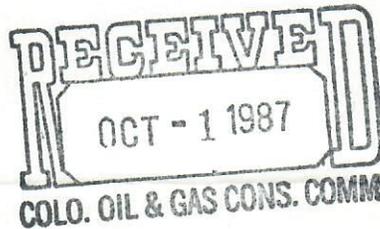
WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) _____	
(Note: Report results of multiple completion 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.



FOR OFFICE USE ONLY
EX <input checked="" type="checkbox"/>
FE <input type="checkbox"/>
FUC <input type="checkbox"/>
SE <input type="checkbox"/>

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

SIGNED Albert I. Geyer
(This space for Federal or State office use)

TITLE Agent

DATE Sept. 30, 1987

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

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