

STATE OF COLORADO  
OIL AND GAS CONSERVATION COMMISSION  
OF NATURAL RESOURCES

00213238

or Patented and Federal lands,  
or State lands.

LEASE DESIGNATION &amp; SERIAL NO.

-09222

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., R90W	
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 <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.



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

SIGNED

Albert P. Geyer

TITLE Agent

DATE March 30, 1987

(This space for Federal or State office use)

SUPR. PETROLEUM ENGINEER  
Oil & Gas Cons. Comm.

APPROVED BY

TITLE

DATE APR 1 1987

CONDITIONS OF APPROVAL, IF ANY:

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