

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

SUBMIT ORIGINAL AND 1 COPY



FOR OFFICE USE ONLY			
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**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.)

<input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input type="checkbox"/> OTHER			3. FEDERAL/INDIAN OR STATE LEASE NO.	
1. NAME OF OPERATOR Fountainhead Resources, Ltd.			6. PERMIT NO.	
2. ADDRESS OF OPERATOR 621 Seventeenth St., Suite 1421			7. API NO. 05-123-11281	
CITY Denver,	STATE CO	ZIP CODE 80293	8. WELL NAME Swanson	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements See also space 17 below.) At surface  At proposed prod. zone			9. WELL NUMBER #2 #56597	
12. COUNTY Weld			10. FIELD OR WILDCAT Lapoudre	
			11. QTR. QTR. SEC., T.R. AND MERIDIAN SWNW Sec24, T6N, R67W	

Check Appropriate Box To Indicate Nature of Notice, Report or Notification

13A. NOTICE OF INTENTION TO: <input checked="" type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> COMMINGLED ZONES <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> OTHER _____	13B. SUBSEQUENT REPORT OF: <input checked="" type="checkbox"/> FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG) <input type="checkbox"/> ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS) <input type="checkbox"/> REPAIRED WELL <input type="checkbox"/> OTHER _____ <small>*Use Form 3 - Well Completion or Recompletion Report and Log for subsequent reports of Multiple/Commingled Completions and Recompletions</small>	13C. NOTIFICATION OF: <input type="checkbox"/> SHUT-IN TEMPORARILY ABANDONED (DATE _____) (REQUIRED EVERY 6 MONTHS) <input type="checkbox"/> PRODUCTION RESUMED (DATE _____) <input type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT) <input type="checkbox"/> WELL NAME CHANGE <input type="checkbox"/> OTHER _____
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14. DESCRIBE PROPOSED OR COMPLETED OPERATIONS ON THIS FORM (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)

15. DATE OF WORK April 20, 1990

CIPB @ 6700' + 3 sacks cement  
40 sackt Cement @ 1200'  
30 sacks Cement @ 450'  
10 sacks @ Surface  
Cut and welded plate 4' below ground level

RECEIVED

DEC 13 1990

COLO. OIL & GAS CONS. COMM.

EXHAUSTED  
OIL WELL

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

SIGNED David A. Gottenborg TELEPHONE NO. 303-296-1421

NAME (PRINT) DAVID A. GOTTENBORG TITLE PARTNER DATE 12-13-90

(This space for Federal or State office use)

APPROVED Stephan Pott TITLE Sr. Engr. DATE 12/31/90  
CONDITIONS OF APPROVAL, IF ANY:

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