

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

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SUBMIT ORIGINAL AND 1 COPY

FOR OFFICE USE ONLY			
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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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			1. FEDERAL/INDIAN OR STATE LEASE NO.	
2. NAME OF OPERATOR Fountainhead Resources, Ltd.			7. API NO. 05-123-11163	
3. ADDRESS OF OPERATOR 621 Seventeenth St., Suite 1421			8. WELL NAME Swanson	
CITY STATE ZIP CODE Denver, CO 80293			9. WELL NUMBER #1 #56779	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements See also space 17 below.) At surface			10. FIELD OR WILDCAT La Poudre	
At proposed production zone			11. QTR. QTR. SEC., T.R. AND MERIDIAN SE NW S-24, T6N, R67W	
12. COUNTY Weld				

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

13A. NOTICE OF INTENTION TO:

- ☒ PLUG AND ABANDON
☐ MULTIPLE COMPLETION
☐ COMMINGLED ZONES
☐ FRACTURE TREAT
☐ REPAIR WELL
☐ OTHER _____

13B. SUBSEQUENT REPORT OF:

- ☒ FINAL PLUG AND ABANDONMENT
(SUBMIT 3RD PARTY CEMENT VERIFICATION
AND JOB LOG)
☐ ABANDONED LOCATION (WELL NEVER DRILLED -
SITE MUST BE RESTORED WITHIN 6 MONTHS)
☐ REPAIRED WELL
☐ OTHER _____

*Use Form 3 - Well Completion or Recompletion Report and Log
for subsequent reports of Multiple/Commingled Completions
and Recompletions

13C. NOTIFICATION OF:

- ☐ SHUT-IN, TEMPORARILY ABANDONED
(DATE _____)
(REQUIRED EVERY 6 MONTHS)
☐ PRODUCTION RESUMED
(DATE _____)
☐ LOCATION CHANGE (SUBMIT NEW PLAT)
☐ WELL NAME CHANGE
☐ OTHER _____

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 May 1, 1990

CBIP @ 3900' + 3 sacks cement, cut 4 1/2" pull log.
30 Sacks @ 2300'
30 sacks @ 450'
10 sacks @ Surface
Cut and weld below 4' ground level

EXHAUSTED
OIL WELL

RECEIVED

DEC 13 1990

COLO. OIL & GAS CONS. COMM.

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

SIGNED

David A. GottenborgTELEPHONE NO. 303-296-1421

NAME (PRINT)

DAVID A. GOTTENBORG

TITLE

PARTNER

DATE

12-13-90

(This space for Federal or State office use)

APPROVED

Stephen Pott

TITLE

Sr. Engr.

DATE

12/31/90

CONDITIONS OF APPROVAL, IF ANY: