



00212707

OGCC FORM 4  
Rev 8/89STATE 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.
2. NAME OF OPERATOR Fountainhead Resources, Ltd.			6. PERMIT NO.
3. ADDRESS OF OPERATOR 621 Seventeenth St., Suite 1421			7. API NO. 05-123-11300
CITY Denver,	STATE CO	ZIP CODE 80293	8. WELL NAME Altergott
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 #1 #56571
12. COUNTY Weld			10. FIELD OR WILDCAT La poudre
			11. QTR. QTR. SEC., T.R. AND MERIDIAN SWSEW Sec 22, T6N, R67W

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

## 13A. NOTICE OF INTENTION TO:

- ☒ PLUG AND ABANDON  
☐ MULTIPLE COMPLETION  
☐ COMMINGLE 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 5 - Well Completion or Recompletion Report and Log  
for subsequent report of Multiple/Commingle 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 April 19, 1990

CIBP @ 6700' + 3 Sacks  
 30 Sacks @ 2300'  
 40 Sacks 1/2 in and 1/2 out at 260'  
 10 sacks @ top surface  
 Cut and weld plate 4' below ground level

RECEIVED

DEC 13 1990

COLO. OIL &amp; GAS CONS. COMM.

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

SIGNED

David A. Gottlieb

TELEPHONE NO. 303-296-1421

NAME (PRINT)

DAVID A. GOTTLIEB

TITLE PARTNER

DATE 12-13-90

(This space for Federal or State office use)

APPROVED

Stephen P. ...

TITLE

Sr. Eng.

DATE

12/31/90

CONDITIONS OF APPROVAL, IF ANY: