

OIL AND GAS CONSERVATION  
OF THE STATE OF COLORADO



RECEIVED

JUN - 8 1970

File in duplicate for Patented and Federal lands.  
File in triplicate for State lands.

5. LEASE DESIGNATION AND SERIAL NO.  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

COLO. OIL & GAS CONS. COMM.

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 checked="" type="checkbox"/> OTHER		659-2544		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Mana Resources, Inc.		PHONE		8. FARM OR LEASE NAME Kerr	
3. ADDRESS OF OPERATOR P.O. Box #7, Spearman, Texas 79081				9. WELL NO. 1-24	
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				10. FIELD AND POOL, OR WILDCAT Midway	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) G.L. 3792		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA C/NW/4, Sec. 34, Twp 33S Rge 42W, Baca County, Colo	
				12. COUNTY OR PARISH Baca	
				13. STATE Colorado	

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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input checked="" type="checkbox"/>

(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.)

This well is temporarily abandoned. No work has been done on well since last report.

DVR	<input checked="" type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
HMM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>

18. I hereby certify that the foregoing is true and correct  
SIGNED [Signature] TITLE Production Manager DATE June 3, 1970

(This space for Federal or State office use)  
APPROVED BY [Signature] TITLE DIRECTOR DATE JUN 9 1970  
CONDITIONS OF APPROVAL, IF ANY:

file