

OIL AND GAS CONSERVATION
OF THE STATE OF COLORADOFile in duplicate for Patented and Federal lands.
File in triplicate for State lands.

RECEIVED

JUN - 8 1970

5. LEASE DESIGNATION AND SERIAL NO.
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 <input type="checkbox"/> 659-2544		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Mana Resources, Inc.		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P.O. Box #7, Spearman, Texas 79081		8. FARM OR LEASE NAME Kerr	
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 NO. 1-34	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Midway	
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:

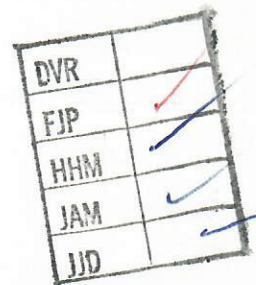
TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON ☐CHANGE PLANS ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT ☒

(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.

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

SIGNED

TITLE

Production Manager

DATE

June 3, 1970

(This space for Federal or State office use)

APPROVED BY

TITLE

DIRECTOR

DATE

JUN 9 1970

CONDITIONS OF APPROVAL, IF ANY:

file