



00225650

OGCC FORM 4
Rev. 1/78

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

FOR OFFICE USE			
ET	FE	UC	SE
			<i>John</i>

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

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		5. LEASE DESIGNATION & SERIAL NO.
2. NAME OF OPERATOR Energy Minerals Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1616 Glenarm Place, Suite 1000, Denver, Colorado 80202		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface NESE (660' FEL & 1980' FSL) At proposed prod. zone Same		8. FARM OR LEASE NAME BLUEBELL STATE
14. PERMIT NO. 88-118		9. WELL NO. #1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4742' GR 4752' KB		10. FIELD AND POOL, OR WILDCAT Bluebell
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 16-T7N-R58W
		12. COUNTY Weld
		13. STATE Colorado

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

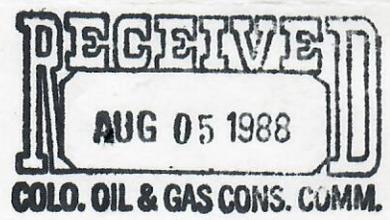
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF. <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF* <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	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, (Other) <input type="checkbox"/>	CHANGE PLANS: <input checked="" type="checkbox"/>	(Other) <input 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.)

18. Date of work _____ * Must be accompanied by a cement verification report.

✓ Plans are to drill in near future. Will then repermit.
Location has not been restored.



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

PRINT _____

SIGNED *D.M. Johnson* TITLE Vice President-Operations DATE 8-4-88
(This space for Federal or State office use)

APPROVED BY *[Signature]* TITLE SUPR. PETROLEUM ENGINEER DATE AUG 09 1988
Oil & Gas Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY: _____