



00225646

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
B	SP		

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 type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION & SERIAL NO.	
2. NAME OF OPERATOR ENERGY MINERALS CORPORATION		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 999 18th St. #3100 Denver, CO 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. 89-074		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4752' KB; 4742' GR		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 CO

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 checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL, (Other) <input type="checkbox"/>	CHANGE PLANS: <input 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 8/22/89 (estimate) * Must be accompanied by a cement verification report.

1. Dump sand from 6427' (PBDT) to 6300' (top of perforations).
2. Dump 5 sx cmt on top of sand.
3. Cut off csg @ 5674' (top of cmt).
4. Pump 20 sx cmt @ 215' (base of surf csg).
5. Pump 10 sx cmt @ surf.
6. Cut off surf csg 4' below ground level.
7. Weld on plate.

RECEIVED

AUG 09 1989

COLO. OIL & GAS CONS. COMM.

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

PRINT Conni Smith

SIGNED Conni Smith TITLE Engineering Technician DATE 8/8/89

(This space for Federal or State office use)

APPROVED BY Stephan Roth TITLE Petro. Engr. C DATE 8/14/89
CONDITIONS OF APPROVAL, IF ANY: