

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSIO.
DEPARTMENT OF NATURAL RESOURCES



RECEIVED
NOV 21 1985

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

COLO. OIL & GAS CONS. COMM. SERIAL NO.

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR <i>BUTTERFIELD Energy, Evans Energy & Gear Drilling Co CO-OPERATORS</i>		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR <i>3005 E. Longview St. Littleton Colo 80122</i>		8. FARM OR LEASE NAME <i>TENNANT</i>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>600' FNL & 600' FNL of Sec. 26 T11N, R55W</i> At proposed prod. zone <i>same</i>		9. WELL NO. <i>#1</i>	
10. FIELD AND POOL, OR WILDCAT <i>Stoney Buttes</i>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>26 T11N R55W</i>	
14. PERMIT NO. <i>05 075 9121</i>	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>4297.5 GR</i>	12. COUNTY <i>Logan</i>	13. STATE <i>COLO</i>

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 type="checkbox"/>	(Other) <i>Adding co-operator (below)*</i> <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.)

18. Date of work _____

* Must be accompanied by a cement verification report.

* Adding Gear Drilling Co. as CO-OPERATOR

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

SIGNED <i>Charles Bell</i>	TITLE <i>Vice President</i>	DATE <i>11/2/85</i>
(This space for Federal or State office use)		
APPROVED BY <i>William Smith</i>	TITLE <i>DIRECTOR</i>	DATE <i>NOV 29 1985</i>
CONDITIONS OF APPROVAL, IF ANY:		

