

STATE OF COLORADO
OIL A COMMISSION
D SOURCESFile in duplicate for patented and Federal lands.
File in triplicate for State lands.

RECEIVED

MAR 7 1986

5. LEASE DESIGNATION & SERIAL NO.

C-028499-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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"/>	7. UNIT AGREEMENT NAME			
2. NAME OF OPERATOR Twin Arrow, Inc. (303) 675-8226	8. FARM OR LEASE NAME Moran			
3. ADDRESS OF OPERATOR P.O. Box 948 Rangely, CO 81648	9. WELL NO. #4W			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Lot #14, 500' FSL, 300' FEL, Sec. #4 At proposed prod. zone	10. FIELD AND POOL, OR WILDCAT Rangely-Mancos			
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4-T1N-R102W, 6th pm.	12. COUNTY Rio Blanco	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 & PLUG <input checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <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.)
(Other) <input type="checkbox"/>	TEST WELL <input checked="" type="checkbox"/>		
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 <u>By March 31, 1986.</u> * Must be accompanied by a cement verification report.			

Twin Arrow, Inc. proposes to move on well by March 31, 1986, to test for production. If there is not production, we will Plug & Abandon well by March 31, 1986. If production is good, we will put the well on production as soon as possible.

VERBAL, 3/10/86, w/ DON MILLER
CEMENT TOP TO BOTTOM
WELD ON DRY MARKER &
CUT OFF CSG 5' BELOW SURFACE AND

JJK

WRS	
FJP	
HHM	
JAM	
RCC	
LAR	
CGM	
ED	

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

SIGNED Donald L. Miller TITLE Production Superintendent DATE 3/5/86

(This space for Federal or State office use)

APPROVED BY William R. Smith TITLE DIRECTOR DATE MAR 13 1986
CONDITIONS OF APPROVAL, IF ANY: O & G Cons. Comm