



STATE OF COLORADO  
GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES

RECEIVED  
SEP 30 1986

Application for Patented and Federal lands.  
Application for State lands.

5. LEASE DESIGNATION & SERIAL NO.  
COMM-028499-B

**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		9. WELL NO. 1W	
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 153' FSL, 1155' FEL, Sec. #4		10. FIELD AND POOL, OR WILDCAT Rangely-Mancos	
14. PERMIT NO.		12. COUNTY Rio Blanco	13. STATE Col.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4-T1n-R102W 6th p.m.	

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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) REHABILITATE & RESEED <input checked="" type="checkbox"/>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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 Sept. 1986 \* Must be accompanied by a cement verification report.

This well has been rehabilitated, reseeded and work completed

A. P. I. NUMBER  
05 103 40184



RECEIVED  
SEP 24 1986  
BUREAU OF LAND MGMT.  
WHITE RIVER R.A.  
MEEKER, CO. 81641

19. I hereby certify that the foregoing is true and correct  
SIGNED Dorsett L. Miller TITLE PRODUCTION SUPERINTENDENT DATE 9-18-86

(This space for Federal or State office use)  
APPROVED BY [Signature] TITLE SUPR. PETROLEUM ENGINEER DATE OCT 02 1986  
CONDITIONS OF APPROVAL, IF ANY: Oil & Gas Cons. Comm.

*Dr*