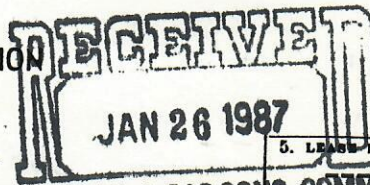


# OIL AND GAS CONSERVATION COMMISSION DEPARTMENT OF NATURAL RESOURCES OF THE STATE OF COLORADO

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR Coors Energy Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -----	
3. ADDRESS OF OPERATOR PO Box 467, Golden, Colorado 80402		7. UNIT AGREEMENT NAME McHatton Reservoir	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1003' FEL, 1780' FNL, SE/NE At proposed prod. zone		8. FARM OR LEASE NAME Moore	
14. PERMIT NO. 822012		9. WELL NO. 1-10MH	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6915' GL		10. FIELD AND POOL, OR WILDCAT McHatton ✓	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10, T1N-R93W	
		12. COUNTY Rio Blanco	13. STATE Colorado

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

#### NOTICE OF INTENTION TO:

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) <input type="checkbox"/>	

#### SUBSEQUENT REPORT OF:

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) Shut in report <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.)

Date of work \_\_\_\_\_

The Moore 1-10MH is still shut in due to no demand for the gas.

FOR OFFICE USE ONLY
ET <input checked="" type="checkbox"/>
FE <input type="checkbox"/>
UC <input type="checkbox"/>
SE <input type="checkbox"/>



00038602

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

SIGNED R. L. Martin

TITLE V.P. O/G Operations

DATE 1/22/87

(This space for Federal or State office use)

APPROVED BY [Signature]

TITLE SUPR. PETROLEUM ENGINEER

DATE JAN 27 1987

CONDITIONS OF APPROVAL, IF ANY:

STATUS REPORT REQUIRED  
EVERY 6 MONTHS ON SHUT-IN  
& TEMPORARILY ABANDONED WELLS.