

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

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 checked="" type="checkbox"/> OTHER		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Topaz Southwest, Inc.		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR Box 680913, Houston, Tx. 77268-0913		8. FARM OR LEASE NAME Sandoval
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Same		9. WELL NO. 7
10. FIELD AND POOL, OR WILDCAT Garcia		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sect. 3, T-34-S, R-62-W
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY Las Animas
		13. STATE Co.

SCANNED

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

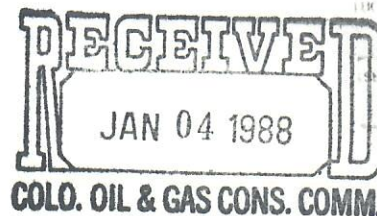
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	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 checked="" type="checkbox"/>
REPAIR WELL, (Other) <input type="checkbox"/>	CHANGE PLANS. <input type="checkbox"/>	(Other) <u>Produce - TEST</u>	

(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.) See Letter Attached

18. Date of work December, 1987

\* Must be accompanied by a cement verification report.



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

SIGNED [Signature] TITLE President DATE 17, Dec., 1987

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE SUPR. PETROLEUM ENGINEER DATE JAN 08 1988

CONDITIONS OF APPROVAL, IF ANY: