

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.

RECEIVED

OCT 26 1981



00385742

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		5. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR Lifestyle Energy Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1750 N. Collins, Suite 106/Richardson, Texas 75080		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface SE SW Sec. 24, T3S-R64W At proposed prod. zone		8. FARM OR LEASE NAME Danford-Champlin	
14. PERMIT NO. 80293		9. WELL NO. 2-24	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5491 GR		10. FIELD AND POOL, OR WILDCAT Bennett	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24, T3S-R64W	
		12. COUNTY Adams	13. STATE Colo

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON

SHOOTING OR ACIDIZING

ABANDONMENT

REPAIR WELL

CHANGE PLANS

(Other) See Below

(Other)

(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 APPROX. 90 DAYS

Shut-In

Waiting on pipeline connection for gas

DVR	
FJP	
HHM	
JAM	
JMD	
RLB	
CCM	

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

SIGNED Michael HarrisonTITLE Asst. Field Operations Mgr DATE 10/23/81

(This space for Federal or State office use)

APPROVED BY [Signature]
CONDITIONS OF APPROVAL, IF ANY:TITLE DIRECTOR
O & G Cons. CommDATE OCT 27 1981