

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

RECEIVED
OCT 26 1981



File in duplicate for Patented and Federal lands. OIL & GAS CONS. COMM.
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		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	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5491 GR	9. WELL NO. 2-24
		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 <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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) See Below	<input checked="" 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 APPROX. 90 DAYS

Shut-In
Waiting on pipeline connection for gas

DVR	
FJP	
HMM	<input checked="" type="checkbox"/>
JAM	
JMT	<input checked="" type="checkbox"/>
RLB	
COM	

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

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

(This space for Federal or State office use)

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