

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.

RECEIVED
MAR 27 1986
OIL & GAS CONSERVATION

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"/>		5. LEASE DESIGNATION & SERIAL NO.	
2. NAME OF OPERATOR Lifestyle Energy Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 2305 Cedar Springs Rd., Suite 300, Dallas, Tx. 75201		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 1980' FWL & 660' FSL Sec. 24-T3S -R64W At proposed prod. zone 1980' FWL & 660' FLS Sec. 24-T3S-R64W		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 24 T3S-R64W 6th PM	
		12. COUNTY Adams	13. STATE Colorado

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. (Other) <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>temp. aband.</u> <input checked="" type="checkbox"/> <u>Status</u> <input checked="" type="checkbox"/>	<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.)

18. Date of work _____ * Must be accompanied by a cement verification report.

8 5/8" 24# set @ 253' cemented with 225 sacks with 3% CaCl2
 4 1/2 11.6# set @ 8072' cemented with 200 sacks 50/50 POZ with 2% gel
 2 3/8" 4.7# @ 7707'
 Perforations 7946-50' 7954-57'
 acidized with 1000 gallons 7 1/2% SHA with 2 gallons I-15
 Fracture Treatment 42,000# 20/40 sand 34,000 gallons Apollo 40 gelled water
 Set BP @ 7941'
 perforations 7932-7936', acidized with 750 gallons 7 1/2% SHA
 Fracture treatment 25,500# 20/40 sand 16,000 gallons Apollo 40 gelled water
 production estimate 8 BOPD 100 MCFD
production facilities have not been installed

FOX-HILLS - 1400 - 1550

This is an approved status report only.
B
JSL

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

SIGNED Jack V. Cordaw TITLE Operations Engr. DATE 3/24/86

(This space for Federal or State office use)

APPROVED BY J. A. [Signature] TITLE SUPR. PETROLEUM ENGINEER DATE MAR 31 1986
Oil & Gas Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY: