



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**  
FEB 02 1987  
OIL & GAS CONS. COMM.



**SUNDRY NOTICES AND REPORTS ON WELLS**

(Do not use this form for proposals to drill or to deepen or plug back to...  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <u>Dry</u>		2. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR <u>Crystal Exploration and Production Company</u>		3. INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <u>P. O. Box 21101, Shreveport, LA 71120</u>		4. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>1980' FSL and 660' FEL of Sec. 11, T7N, R63W</u> At proposed prod. zone		5. FARM OR LEASE NAME <u>Hamilton</u>	
14. PERMIT NO. <u>80700</u>		6. WELL NO. <u>43-11</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>GL 4827' KB 4836'</u>		7. FIELD AND POOL, OR WILDCAT <u>Fosston</u>	
		8. SEC., T., E., M., OR BLK. AND SURVEY OR AREA <u>11, 7N, 63W</u>	
		12. COUNTY <u>Weld</u>	
		13. STATE <u>CO</u>	

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) <input type="checkbox"/>	
(Other) <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 \_\_\_\_\_

Shut-in waiting on gas market.

FOR OFFICE USE ONLY
ET <u>B</u>
FE
UC
SE <u>10/27</u>

18. I hereby certify that the foregoing is true and correct  
SIGNED Duane Perez TITLE Staff Engineer DATE 1/28/87

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE SUPR. PETROLEUM ENGINEER DATE FEB 03 1987  
CONDITIONS OF APPROVAL, IF ANY:

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