

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

RECEIVED

APR 8 1985

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 type="checkbox"/> OTHER <input checked="" type="checkbox"/> Abandon Location		5. LEASE DESIGNATION & SERIAL NO. N/A	
2. NAME OF OPERATOR Petrostates Resources, Inc.		6. IF INDIAN ALLOTTEE OWNED LAND N/A	
3. ADDRESS OF OPERATOR 1625 Broadway, Suite 310, Denver, CO 80202		7. UNIT AGREEMENT NAME N/A	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1108' FNL & 850' FEL At proposed prod. zone		8. FARM OR LEASE NAME Peep Etal.	
		9. WELL NO. #1-18	
		10. FIELD AND POOL, OR WILDCAT South McCallum	
14. PERMIT NO. 841236		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18, T9N, R78W	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 8114' Ungrd. Grd.		12. COUNTY Jackson	
		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) _____	

(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.

Abandoned Location. No work was done on the location and no drilling was commenced. Will repermit in the future if plans change.

YGS	
FJP	
MHM	
JAN	<input checked="" type="checkbox"/>
RCC	
LAR	<input checked="" type="checkbox"/>
CCM	
ED	

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

SIGNED John R. Wingert TITLE President DATE 4/4/85

(This space for Federal or State office use)

APPROVED BY William Smith TITLE DIRECTOR DATE APR 10 1985

CONDITIONS OF APPROVAL, IF ANY: O & G Cons. Comm.

X

