

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.

5. LEASE DESIGNATION &amp; SERIAL NO.

N/A

6. IF INDIAN, ALLOTTEE OR MINOR

N/A

## 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 type="checkbox"/> Abandon Location		7. UNIT AGREEMENT NAME N/A	
2. NAME OF OPERATOR Petrostates Resources, Inc.		8. FARM OR LEASE NAME Peep Etal.	
3. ADDRESS OF OPERATOR 1625 Broadway, Suite 310, Denver, CO 80202		9. WELL NO. #1-18	
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		10. FIELD AND POOL, OR WILDCAT South McCallum	
14. PERMIT NO. 841236		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 8114' Ungrd. Grd.	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18, T9N, R78W		12. COUNTY Jackson	
13. STATE Colo.			



00272388

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

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐  
☐  
☐  
☐

PULL OR ALTER CASING

☐  
☐  
☐  
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON

REPAIR WELL

CHANGE PLANS

(Other) Abandon Location

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐  
☐  
☐  
☐

REPAIRING WELL

☐  
☐  
☐  
☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(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.

YES	
FJP	
MM	
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 R. Smith

TITLE

DIRECTOR

DATE APR 10 1985

CONDITIONS OF APPROVAL, IF ANY:

O &amp; G Cons. Comm.