

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.

5. LEASE DESIGNATION & SERIAL NO.
NA

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
NA

7. UNIT AGREEMENT NAME
NA

8. FARM OR LEASE NAME
FRANKS

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
HEART

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 33; T9N; R61W

12. COUNTY
Weld

13. STATE
CO

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 GAS WELL OTHER abandoned drilling well

2. NAME OF OPERATOR
INDUSTRIAL GAS ASSOCIATES, INC.

3. ADDRESS OF OPERATOR
Box 606; Frederick, CO 80530

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
At proposed prod. zone
SE 1/4: SE 1/4: Section 33; T9N; R61W

14. PERMIT NO.
65-123-8907

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4988 ground



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 checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS: <input type="checkbox"/>	(Other) _____	

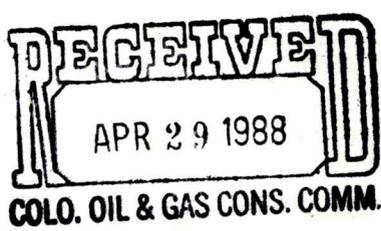
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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 May 1988 * Must be accompanied by a cement verification report.

A meeting was held in the office of Mr. McKee on May 26, 1988 and the undersigned explained that efforts to discover what had been done to abandon the well resulted in uncovering the surface pipe and discovering the top of the surface pipe was filled with cement. It was decided the State would send a representative to the site to verify the cementing status of the surface pipe and verify the fact that no evidence of escape of oil or gas was evident prior to operator restoring the remaining well site.

It was agreed the on site inspection would be coordinated with the operator such that a representative of the operator would be at the well at the time of the physical inspection by the State. An appointment should be made by contacting John W. Butcher at 1-651-2369.



19. I hereby certify that the foregoing is true and correct
SIGNED John W. Butcher TITLE President DATE 4-27-88

(This space for Federal or State office use)
APPROVED BY [Signature] TITLE SUPR. PETROLEUM ENGINEER DATE JUN 17 1988
CONDITIONS OF APPROVAL, IF ANY: