

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.

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 abandoned drilling well		5. LEASE DESIGNATION & SERIAL NO. NA	
2. NAME OF OPERATOR INDUSTRIAL GAS ASSOCIATES, INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME NA	
3. ADDRESS OF OPERATOR Box 606; Frederick, CO 80530		7. UNIT AGREEMENT NAME NA	
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 $\frac{1}{4}$: SE $\frac{1}{4}$: Section 33; T9N; R61W		8. FARM OR LEASE NAME FRANKS	
14. PERMIT NO. 65-123-8907		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4988 ground		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



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

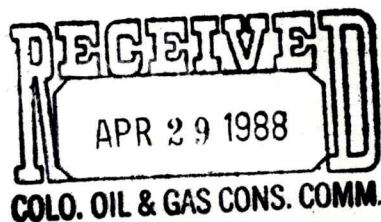
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input 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
Oil & Gas Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY: