

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 5. LEASE DESIGNATION & SERIAL NO. | |
| 2. NAME OF OPERATOR Skaer Enterprises, Inc. | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 3. ADDRESS OF OPERATOR P. O. Box 22418 - Denver, CO 80222 | | 7. UNIT AGREEMENT NAME | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface SE SE At proposed prod. zone Same | | 8. FARM OR LEASE NAME TetSELL | |
| 14. PERMIT NO. | | 9. WELL NO. B-1 | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4115' GR | | 10. FIELD AND POOL, OR WILDCAT Mount Hope East | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 32-9N-53W | |
| | | 12. COUNTY Logan | 13. STATE CO |

16.

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

NOTICE OF INTENTION TO:

| | |
|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON <input checked="" type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| (Other) <input type="checkbox"/> | |

SUBSEQUENT REPORT OF:

| | |
|--|--|
| WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <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.)

18. Date of work August 1 - 30, 1989

* Must be accompanied by a cement verification report.

MIRU - pull pump, rods and tubing; fill hole with sand to 4750'. Set 50' cement plug on top of sand. Cut 5½" casing at ± 4050', pull 5½" casing; fill hole with mud laden fluid. Set 50' cement plug in bottom of surface pipe and 10 sacks in top. Cut off surface pipe 4' below ground level and restore surface.

RECEIVED

JUL 19 1989

COLO. OIL & GAS CONS. COMM.

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

SIGNED [Signature] TITLE Vice President DATE 7-18-89

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE Petrus - Engr. C DATE 7/21/89
CONDITIONS OF APPROVAL, IF ANY:

FOR OFFICE USE ONLY

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