

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.



RECEIVED

SEP 27 1984
SIGNATURE & SERIAL NO.

<p>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.)</p>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <u>SI</u>		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR <u>ENSTAR PETROLEUM CO.</u>		8. FARM OR LEASE NAME <u>VERN HARLEY</u>
3. ADDRESS OF OPERATOR <u>1125 - 17TH ST.; SUITE 2040, DENVER, CO 80202</u>		9. WELL NO. <u>29-1</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>S 1/2 OF NW 1/4 SEC. 29, T9N, R52W</u> At proposed prod. zone		10. FIELD AND POOL, OR WILDCAT <u>PADRONI FIELD</u>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>S. 29, T9N, R52W</u>
14. PERMIT NO. <u>API 050758878</u>	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY <u>LOGAN</u>
		13. STATE <u>CO</u>

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 checked="" type="checkbox"/>	(Other) _____	
(Other) <u>CHANGE OF OPERATOR</u>		(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 EFFECTIVE SEPTEMBER 25, 1984

PREVIOUS (CURRENT) OPERATOR
ENSTAR PETROLEUM

* Must be accompanied by a cement verification report.

NEW OPERATOR
UNION TEXAS PETROLEUM CORP
14001 E. ILLIFF AVE,
SUITE 500, THE FORUM
AURORA, CO. 80014
(303) 695-8778

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

SIGNED D M Walston TITLE GENERAL MANAGER DATE 9/25/84

(This space for Federal or State office use)

APPROVED BY William R. Smith TITLE DIRECTOR DATE OCT 25 1984
O & G Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY:

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