



1 in duplicate for Patented and Federal lands.  
1 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"/>		2. LEASE IDENTIFICATION & SERIAL NO.	
2. NAME OF OPERATOR <b>InterMountain Oil Company</b>		6. IF INDIAN ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <b>P.O. Box 697, Niwot, CO 80544</b>		8. FARM OR LEASE NAME <b>Giacomini 28070</b>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <b>1980' FNL 660' FEL of the NE/4</b> At proposed prod. zone		9. WELL NO. <b>1</b>	
14. PERMIT NO. <b>85-1872</b>		10. FIELD AND POOL, OR WILDCAT <b>Cedar Creek D-sand</b>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>4279 GR</b>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 13-9N-54W</b>	
		12. COUNTY <b>Logan</b>	13. STATE <b>CO</b>

43292

#### 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 checked="" type="checkbox"/>
REPAIR WELL (Other) <input type="checkbox"/>	CHANGE PLANS <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 July 1, 1987

\* Must be accompanied by a cement verification report.

1. Set CIBP at 4850'.
2. Two sacks of cement on top of CIBP.
3. Shot casing with 4 1/2 inch casing cutter at 4550'. Pulled casing.
4. Haliburton plug at bottom of surface pipe. Ten sacks cement bottom of surface pipe.
5. Five sacks of cement top of surface pipe.
6. Weld steel cap two feet below grade onto top of surface pipe.

FOR OFFICE USE ONLY
ET
FE
WIC
SE MP

EXHAUSTED OIL WELL

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

SIGNED [Signature] TITLE President DATE July 1, 1987

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE SUPR. PETROLEUM ENGINEER Oil & Gas Cons. Comm. DATE JUL 09 1987

CONDITIONS OF APPROVAL, IF ANY:

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