

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

COLO. OIL & GAS CONS. COM. SEP 3 1987

File in duplicate for Patented and Federal lands.
File in triplicate for State lands.

<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>		<p>LEASE DESIGNATION & SERIAL NO. C-24691</p>	
<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p>		<p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME n/a</p>	
<p>2. NAME OF OPERATOR Mallon Oil Company</p>		<p>7. UNIT AGREEMENT NAME n/a</p>	
<p>3. ADDRESS OF OPERATOR 1099 18th Street, Suite 2750, Denver, CO 80202</p>		<p>8. FARM OR LEASE NAME Utterback</p>	
<p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1675' FNL, 1838' FWL SE/4 NW/4 At proposed prod. zone 1710' FNL, 1766' FWL</p>		<p>9. WELL NO. 32-6</p>	
<p>14. PERMIT NO. 87-254</p>		<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6927' GL</p>	
		<p>10. FIELD AND POOL, OR WILDCAT Wildcat</p>	<p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 32, T7N, R86W</p>
		<p>12. COUNTY Routt</p>	<p>13. STATE Colorado</p>

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 type="checkbox"/>	(Other) <u>drilling completion activity</u> <input checked="" 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 _____ * Must be accompanied by a cement verification report.

Please see attached.



FOR OFFICE USE ONLY
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19. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Engineer DATE 09-01-87

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE SUPR. PETROLEUM ENGINEER DATE SEP 14 1987

CONDITIONS OF APPROVAL, IF ANY: