

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

RECEIVED

NOV 12 1985

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

5. LEASE DESIGNATION & SERIAL NO.  
OIL & GAS CONS. COMM.

**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 <input checked="" type="checkbox"/> <b>Dry Hole</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR <b>BWAB INCORPORATED</b>		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR <b>1801 California Street, Suite 1000, Denver, CO 80202</b>		8. FARM OR LEASE NAME <b>Stehle</b>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <b>1981' FNL &amp; 2002' FEL SW NE</b> At proposed prod. zone		9. WELL NO. <b>#14-32</b>	
14. PERMIT NO. <b>85-1235 09/13/85</b>		10. FIELD AND POOL, OR WILDCAT <b>Wildcat</b>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>6,673' GR</b>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec 14-T7N-R91W</b>	
		12. COUNTY <b>Moffat</b>	13. STATE <b>Colorado</b>

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"/>
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"/>	

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 **11/03/85**

\* Must be accompanied by a cement verification report.

Prepare to Plug & Abandon as follows:

1. Plug #1 - 4,200' - 4,050' with 55 sx Class H cement.
2. Plug #2 - 430' - 330' with 70 sx Class H cement.
3. Plug #3 - 30' - 4' with 10 sx regular cement.
4. Cut csg off 4' below GL & weld on steel plate.
5. Prepare to restore location.

WRS	
FJP	
HHM	
MM	<input checked="" type="checkbox"/>
RCC	
TAR	<input checked="" type="checkbox"/>
OGM	
LD	



00221941

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

SIGNED

*Robert C. Arceheaux*  
**Robert C. Arceheaux**

V.P. of Operations

DATE

**11/04/85**

(This space for Federal or State office use)

APPROVED BY

*William Smith*

TITLE

**DIRECTOR**

**O & G Cons. Comm.**

DATE

**NOV 19 1985**

CONDITIONS OF APPROVAL, IF ANY:

*Filed after plugging*

*Ar*