

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

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



DEC 9 1977

DESIGNATION AND SERIAL NO.

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"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Alminex USA Inc.		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 300-407 8th Ave. SW Calgary, Alberta		8. FARM OR LEASE NAME Alminex - Bonanza	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 593' FSC; 2343' FEL At proposed prod. zone		9. WELL NO. 7-1	
14. PERMIT NO. 77-1062		10. FIELD AND POOL, OR WILDCAT	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 7, T7N, R86W	
		12. COUNTY Routt	
		13. STATE Colorado	

18. 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 type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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 checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>		<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.)

Date of work 11-27-77

Spudded will 10-16-77, set 9-5/8 @ 1079. Set intermediate @ 2059.
Drilled to TD of 3633. Log, tested and abandoned.

11-8-77

25 sx @ 3475-3600 set with drilling rig
25 sx @ 3230-3330 set with drilling rig
25 sx @ 2000-2150 set with drilling rig

11-27-77 shot off 7" casing @ 1100'

25 sx @ 1000-1100 Across stub of 7" & base of 9-5/8
25 sx @ Surface Cut off 9-5/8 below plow depth
weld plate on & stamp information.

DVR	<input checked="" type="checkbox"/>
FJP	<input checked="" type="checkbox"/>
HHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
RLS	<input type="checkbox"/>
CGM	<input type="checkbox"/>

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

SIGNED Thomas F. Papp TITLE Engineer DATE 12-8-77

(This space for Federal or State office use)

APPROVED BY W. L. Rogers TITLE DIRECTOR DATE DEC 9 1977

CONDITIONS OF APPROVAL, IF ANY: