

UNITED STATES
DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985



00216092

EAU OF LAND MANAGEMENT

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.)

OLD OIL & GAS CONS. COMM.

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. C-14545
2. NAME OF OPERATOR Trend Exploration Limited		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1225 17th Street, Suite 2000, Denver, Colorado 80202		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2200' FEL and 2100' FSL		8. FARM OR LEASE NAME Federal
14. PERMIT NO.		9. WELL NO. 1-35
15. ELEVATIONS (Show whether DF, RT, GR, etc.) KB 8288		10. FIELD AND POOL, OR WILDCAT Coalmont
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35, T7N-R81W
		12. COUNTY OR PARISH Jackson
		13. STATE CO

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 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) Surface Restoration <input checked="" 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.)*

Restored location and seeded location and road. Work complete 6/3/85.

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

SIGNED

David H. Howell

TITLE Sr. Production Engineer

DATE 5/29/86

(This space for Federal or State office use)

APPROVED BY

J. A. [Signature]

TITLE

SUPR. PETROLEUM ENGINEER
Oil & Gas Cons. Comm.

DATE

JUL 01 1986

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side