

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

05-075-8008

File in duplicate for Patented and Federal lands.
File 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"/>		5. LEASE DESIGNATION & SERIAL NO. C	
2. NAME OF OPERATOR <u>Skaer Enterprises, Inc.</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <u>P. O. Box 22418 - Denver, CO 80224</u>		7. UNIT AGREEMENT NAME <u>North Minto J Sand Unit</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>NW NW</u> At proposed prod. zone <u>Same</u>		8. FARM OR LEASE NAME <u>Whittier D-1</u>	
14. PERMIT NO. <u>67-46</u>		9. WELL NO. <u>3</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>4164' KB</u>		10. FIELD AND POOL, OR WILDCAT <u>North Minto</u>	
		11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA <u>25-9N-53W</u>	
		12. COUNTY <u>Logan</u>	13. STATE <u>CO</u>

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 checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <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 8-15 to 8-30-89 * Must be accompanied by a cement verification report.

MIRU - Swab casing to recover any oil - top of tubing fish @4417' - run 5½" Model "R" Packer on 2 3/8" tubing. Set packer at 4400'. Squeeze cement J Sand perforations with 100 sacks, class G cement, to give minimum 50' plug above perforations. Cut casing at 3900', pull casing. Dump 25 sacks cement in bottom of surface pipe, dump 10 sacks in top of surface pipe. Cut surface pipe off 4' below ground level and weld on steel cap. Restore surface.

RECEIVED

AUG 14 1989

COLO. OIL & GAS CONS. COMM.

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

SIGNED [Signature] TITLE Vice President DATE 8-11-89

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE Petro. Engr. C DATE 8/21/89

CONDITIONS OF APPROVAL, IF ANY: