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APR 30 1986



COLORADO OIL & GAS CONS. COMM.



STATE OF COLORADO
CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

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Applicable 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.	
2. NAME OF OPERATOR Petroleum, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 60, Casper, WY 82602-0060		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 SE SW Sec. 22-T12N-R56W, 1980' FWL, 660' FSL At proposed prod. zone		8. FARM OR LEASE NAME Buczowskyj 59204	
		9. WELL NO. #7	
		10. FIELD AND POOL, OR WILDCAT Sleeper	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22-T12N-R56W	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4923 GL	12. COUNTY Weld	13. STATE Colorado

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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input 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 April 11, 1986 * Must be accompanied by a cement verification report.

Unable to run bridge plug due to restriction in casing.
Place 50 sx 50/50 pozmix cement across "J" Sand (6320-6328).
Shot off casing at 1000' KBM. Pulled 1000' of 4½" casing.
Placed 50 sx 50/50 pozmix at 625' through tubing.
Placed 30 sx 50/50 pozmix at 315'.
Placed 20 sx 50/50 pozmix from 30' to surface.
Cut off surface casing 6' below ground level.
Welded plate across surface casing.
Leveled location and is satisfactory to landowner.



EXHAUSTED
OIL WELL



19. I hereby certify that the foregoing is true and correct
SIGNED Daniel Belfrage TITLE District Superintendent DATE 4/28/86

(This space for Federal or State office use)
APPROVED BY William R. Smith TITLE DIRECTOR
O & G Cons. Comm. DATE MAY 14 1986
CONDITIONS OF APPROVAL, IF ANY:

Handwritten initials 'JR' in a blue circle.