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00250840

STATE OF COLORADO  
GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES

RECEIVED

MAR 8 1986



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.	
2. NAME OF OPERATOR <u>Solar Petroleum, Inc.</u>		6. IF INDIAN ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <u>1099 18th Street, Suite 2900, Denver, Colorado 80202</u>		7. UNIT AGREEMENT NAME <u>Kirk A</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>1980' FSL, 330' FWL, Sec. 17-T9N-R53W</u> At proposed prod. zone		8. FARM OR LEASE NAME	
14. PERMIT NO.		9. WELL NO. <u>2</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT <u>Mt. Hope North</u>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 17-T9N-R53W</u>	
		12. COUNTY <u>Logan</u>	13. STATE <u>Colorado</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 type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input 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.)
(Other) <u>Shut In</u>			

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 February 28, 1986. \* Must be accompanied by a cement verification report.

The Kirk A #2 was shut in February 28, 1986 due to being uneconomical.

WRS
FUP
HHR
JAN
POC
SR
OGM
ED

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

SIGNED Sharon J. Clark TITLE Engineering Technician DATE 2/28/86

(This space for Federal or State office use)

APPROVED BY William K Smith TITLE DIRECTOR DATE MAR 8 1986

CONDITIONS OF APPROVAL, IF ANY:

Handwritten mark

Handwritten star symbol