

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



00255384

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> DRY HOLE | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 2. NAME OF OPERATOR Marshall & Winston, Inc. & Gear Drilling Company | | 8. FARM OR LEASE NAME Whittier | |
| 3. ADDRESS OF OPERATOR 518-17th Street, Suite 470, Denver, CO 80202 | | 9. WELL NO. 1 | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1650' FNL & 660' FEL of NE/4 At proposed prod. zone same as above | | 10. FIELD AND POOL, OR WILDCAT Minto North | |
| 14. PERMIT NO. 86-631 | | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4160' GR | |
| 12. COUNTY Logan | | 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"/> | 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) <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 October 13th, 1986 * Must be accompanied by a cement verification report.

After setting surface casing, well was drilled to a Total Depth of 5000 feet and electric logs were run. (One (1) DST was run prior to TD from 4895' to 4915'. Since there was no significant shows of oil or gas present, well was plugged and abandoned as follows:

25 sack cement plug from 75' to 125'
10 sack cement plug from surface to 30 feet.

Hole was filled with heavy mud as requested by Commission Representative on 10/13/86.

| |
|----------------------------------------|
| FOR OFFICE USE ONLY |
| ET <input checked="" type="checkbox"/> |
| FE <input type="checkbox"/> |
| UC <input type="checkbox"/> |
| SE <input type="checkbox"/> |

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

SIGNED George L. Gear (George L. Gear) TITLE President DATE 12/9/86

(This space for Federal or State office use)

APPROVED BY Q. A. [Signature] TITLE SUPR. PETROLEUM ENGINEER DATE DEC 12 1986

CONDITIONS OF APPROVAL, IF ANY: