

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

RECEIVED

MAY 17 1982

File in duplicate for Patented and Federal lands  
File in triplicate for State lands.

5. LEASE DESIGNATION & SERIAL NO.	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
<p align="center"><b>SUNDRY NOTICES AND REPORTS ON WELLS</b></p> <p align="center">(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.)</p>	
1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Martin Exploration Management Corporation	8. FARM OR LEASE NAME Tyler
3. ADDRESS OF OPERATOR 1919 14th St., Suite #400, Boulder, CO 80302	9. WELL NO. 1-4
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface SE $\frac{1}{4}$ SE $\frac{1}{4}$ 860' FEL, 660' FSL At proposed prod. zone Same	10. FIELD AND POOL, OR WILDCAT Wildcat
14. PERMIT NO. 812211	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5132' GL, 5142' KB
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4, T1N, R69W	12. COUNTY Boulder
	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 type="checkbox"/>
REPAIR WELL, (Other) <input type="checkbox"/>	CHANGE PLANS: <input checked="" 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 \_\_\_\_\_

Date Spudded: 2-11-82  
Date TD reached: 2/27/82 @ 8260'  
WOCT

\* Must be accompanied by a cement verification report.

DVR
FJP
HHM
JAM
JP
RLS
CGM



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

SIGNED Wanda M. Lanam TITLE Geologic Technician DATE 5/14/82

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR O & G Cons. Comm. DATE JUN 16 1982

CONDITIONS OF APPROVAL, IF ANY: