

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



SEP 6 1985

OIL & GAS CONS. COMM.

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. Fee - L & L Land Company	
2. NAME OF OPERATOR Coastal Oil & Gas Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME NA	
3. ADDRESS OF OPERATOR P. O. Box 749, Denver, Colorado 80201		7. UNIT AGREEMENT NAME NA	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FEL, 1980' FSL NE SE At proposed prod. zone Same		8. FARM OR LEASE NAME L & L Land Company #1-24	
14. PERMIT NO. 85-1054		9. WELL NO. 1-24	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5069' GR ungrd		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 24-T3S-R61W	
		12. COUNTY Adams	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 (Other) <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 August 26, 1985 \* Must be accompanied by a cement verification report.

Spot cement plugs to plug and abandon as follows:

- Plug #1: 813-750' - 20 sacks
- Plug #2: at surface - 10 sacks
- 10 sacks to rathole
- 10 sacks to mouse hole

Cement plugs in place at 1:00 A.M. August 27, 1985.

*Handwritten initials and "REC" stamp*

19. I hereby certify that the foregoing is true and correct  
SIGNED H. E. Aab TITLE District Drilling Manager Denver District DATE September 3, 1985

(This space for Federal or State office use)  
APPROVED BY William Kolmick TITLE DIRECTOR DATE SEP 18 1985  
CONDITIONS OF APPROVAL, IF ANY: & G Cons. Comm.

*Handwritten mark*

*Handwritten checkmark*