

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



RECEIVED
SEP 12 1985

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, COMM. 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 1980' FSL, 660' FEL 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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Monthly chronological report</u> <input checked="" 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 1985 * Must be accompanied by a cement verification report.

Please refer to attached copy of chronological report for the month of August 1985.

WRS	
PIP	
✓	
RCC	
LAR	
CCM	
ED	

19. I hereby certify that the foregoing is true and correct
 SIGNED [Signature] TITLE District Drilling Manager DATE September 11, 1985
H. E. Aab TITLE Denver District

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE SEP 19 1985
 CONDITIONS OF APPROVAL, IF ANY: O & G Cons. Comm.