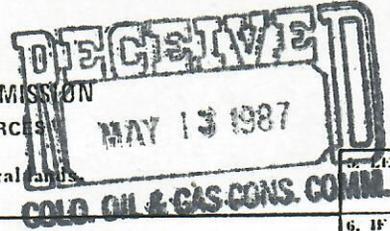




OGCC FORM 4
Rev. 1/78

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



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

LEASE DESIGNATION & SERIAL NO.

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.)		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injection Well		7. UNIT AGREEMENT NAME Poncho J Sand Unit	
2. NAME OF OPERATOR Poncho Production Company		8. FARM OR LEASE NAME Poncho	
3. ADDRESS OF OPERATOR 405 Urban #310 Lakewood, CO 80228		9. WELL NO. 6	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2126 FEL, 759 FNL At proposed prod. zone SAME		10. FIELD AND POOL, OR WILDCAT Poncho	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NWNE 34 - 3S - 59W	
14. PERMIT NO. 71-783, 05-001-6372	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY Adams	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 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 _____ * Must be accompanied by a cement verification report.

Well Shut-in pending evaluation of use as waterflood well in the future.

STATUS REPORT REQUIRED
EVERY 6 MONTHS ON SHUT-IN
& TEMPORARILY ASANDONED WELLS.



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

SIGNED [Signature] TITLE Vice-President DATE May 5, 1987

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE SR. PETROLEUM ENGINEER DATE MAY 19 87

CONDITIONS OF APPROVAL, IF ANY: