

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



FOR OFFICE USE			
ET	FE	UC	SE

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 <input checked="" type="checkbox"/> GAS <input type="checkbox"/> WELL <input checked="" type="checkbox"/> WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION & SERIAL NO.	
2. NAME OF OPERATOR THE COLTON COMPANY ARLIAN, INC		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1625 Braodway, Suite 2120, Denver, CO. 80202		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL, 1980' FWL, NE-NW Sec. 22, T3S, R61W. At proposed prod. zone Same		8. FARM OR LEASE NAME CARLSON	
14. PERMIT NO. 81 708		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5080' GL		10. FIELD AND POOL, OR WILDCAT INTREPID	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22, T3S, R61W	
		12. COUNTY ADAMS	13. STATE COLO.

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input checked="" type="checkbox"/>
REPAIR WELL, (Other) <input type="checkbox"/>	CHANGE PLANS: <input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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 JULY, 1989 * Must be accompanied by a cement verification report.

PBTD: 6785'
Spot sand plug to 6750' (J-Sand Perfs: 6764-78') } SET CIBP AT ± 6710
5 Sack cement plug at 6750' } & DUMP 2 SKS CMT
Mud to 5800'±, Cut off 4½" Casing at 5800'±, Pull Casing.
Spot 35 Sack plug at 750-700'. 40 SKS
Spot 35 sack plug at 450-400'. 40 SKS
Spot 35 sack plug at 225-175', (Bottom Surface Casing 196') 40 SKS
Spot 10 sack plug top of Surface Casing.
Cut off surface casing 4' Below ground level.
Weld on cap.

CHANGES APPROVED 11/9/94

RECEIVED

JUL 6 1989

COLO. OIL & GAS CONS. COMM.

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

PRINT Eugene W. Ohlemeier The Colton Company

SIGNED Eugene W. Ohlemeier TITLE Drilg. & Prod. Manager DATE 7/3/89

(This space for Federal or State office use)

SUPR. PETROLEUM ENGINEER
Oil & Gas Cons. Comm.

APPROVED BY TH Howell TITLE DATE 7/12/89

CONDITIONS OF APPROVAL, IF ANY: