

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



JAN 16 1986

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

LEASE DESIGNATION & SERIAL NO.

API #05-001-8676

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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Rocky Mountain Production Co.		8. FARM OR LEASE NAME (UPRR) Tippet	
3. ADDRESS OF OPERATOR 6767 So. Spruce, #145, Englewood, CO 80112		9. WELL NO. 22-17	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980 FWL & 1980 FNL Sec. 17-T3S-R61W At proposed prod. zone Same		10. FIELD AND POOL, OR WILDCAT Wildcat	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17-T3S-R61W		12. COUNTY Adams	
14. PERMIT NO. 85117		15. ELEVATIONS (Show whether DF, RT, GR, etc.) RKB 5088 GL 5078	
16. PERMIT NO.		13. STATE CO	

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 checked="" 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 checked="" 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 UPON APPROVAL

* Must be accompanied by a cement verification report.

8-5/8" csg @ 222' w/220 sx
5 1/2" @ 6927' w/150 sx DV @ 728' w/ 150 sx 3% pre-hydrated gelled water cir to surf.
perfs 6848 - 6855 "J" sd.

1. spot 50 sx plug across perfs
2. spot 20 sx plug @ 750'
3. spot 10 sx plug in top 5 1/2" csg.
4. cut off 5 1/2 & 8-5/8 below 4' & weld cap on top.

WRS	
PIP	
HMM	
JAN	<input checked="" type="checkbox"/>
RCC	
LAR	<input checked="" type="checkbox"/>
CGM	
ED	

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

SIGNED

TITLE

Robert L. Bz... Production Mngr.

DATE

1/10/86

(This space for Federal or State office use)

APPROVED BY

TITLE

William R. Smith DIRECTOR

DATE

JAN 16 1986

CONDITIONS OF APPROVAL, IF ANY:

O & G Cons. Comm.