

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

00396103

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

MAR 5 1986

51986

LEASE DESIGNATION & SERIAL NO.

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.)

COLD OIL & GAS CON. COMM.

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Rocky Mountain Production Co.		8. FARM OR LEASE NAME (UPRR) Tippet	
3. ADDRESS OF OPERATOR 2600 Continental Plaza, 777 Main St., Ft. Worth, Tx 76102		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 Wildest Huckabee	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17-T3S-R61W		12. COUNTY Adams	
13. STATE CO		14. PERMIT NO. 85117	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) RKB - 5088 GL - 5078		16. COUNTY Adams	
17. STATE CO		18. PERMIT NO. 85117	

SE NW

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 type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS:	<input type="checkbox"/>
(Other)	<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 checked="" type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input checked="" 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 02/24/86

* Must be accompanied by a cement verification report.

1. Spot 50 sx plug across "J" perfs @ 6848' - 6855'
2. Spot 20 sx plug @ 750'
3. Spot 10 sx plug in top of 5 1/2 csg
4. Cut 5 1/2" csg & 8-5/8 off below 4' & welded cap on top.

EXHAUSTED
OIL WELL

WRS	<input type="checkbox"/>
FJP	<input type="checkbox"/>
HHM	<input type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
RCC	<input type="checkbox"/>
LAR	<input checked="" type="checkbox"/>
CGM	<input type="checkbox"/>
ED	<input type="checkbox"/>

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

SIGNED

Frank Rader

TITLE

Prod Mgr

DATE

2-28-86

(This space for Federal or State office use)

APPROVED BY

William R. Smith

TITLE

DIRECTOR
O & G Cons. Comm.

DATE

MAR 21 1986

CONDITIONS OF APPROVAL, IF ANY:

Ls # 01695

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