



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



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

RECEIVED
AUG 12 1987
OIL & GAS CONS. COMM.

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> P&A <input checked="" type="checkbox"/> 861-4883		5. LEASE DESIGNATION & SERIAL NO.	
2. NAME OF OPERATOR National Cooperative Refinery Association		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1775 Sherman, Suite 3000 Denver, CO 80203		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' FSL, 660' FEL Section 22 At proposed prod. zone same		8. FARM OR LEASE NAME MADDERN	
14. PERMIT NO. 87-423		9. WELL NO. 4	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) Gd 4929'		10. FIELD AND POOL, OR WILDCAT Roman Nose North	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 22 T3S-R58W	
		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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>
REPAIR WELL, (Other) <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>

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 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 7/19/87*

* Must be accompanied by a cement verification report.

Set 20 sx plug 319' to 260', base of surface casing;
Set 15 sx plug 45' to surface.

Weld on cap.

Release rig 7/19/87

~~Restore location as per State Regulations.~~ * 8/14/87
PER phone call TO. MR. OHARE
JSK

FOR OFFICE USE ONLY
FT
FE
FUC

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

SIGNED A.M. O'Hare TITLE Joint Operations Super. DATE _____

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE SUPR. PETROLEUM ENGINEER DATE AUG 14 1987

CONDITIONS OF APPROVAL, IF ANY: