



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



RECEIVED
AUG 12 1987
OIL & GAS CONS. COMM.

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.

5. LEASE DESIGNATION & SERIAL NO.	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME MADDERN	
9. WELL NO. 4	
10. FIELD AND POOL, OR WILDCAT Roman Nose North	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 22 T3S-R58W	
14. PERMIT NO. 87-423	15. ELEVATIONS (Show whether DF, RT, GR, etc.) Gd 4929'
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"/>	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 checked="" type="checkbox"/>
REPAIR WELL, (Other) <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 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 J.O. [Signature] TITLE SUPR. PETROLEUM ENGINEER DATE AUG 14 1987
Oil & Gas Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY: