

STATE OF COLORADO  
OIL AND GAS CONSERVATION  
DEPARTMENT OF NATURAL

00401157

RECEIVED

OCT 28 1983  
5. LEASE DESIGNATION & SERIAL NO.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.)

COLO. OIL &amp; GAS CONS. 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 National Cooperative Refinery Association		8. FARM OR LEASE NAME Maddern	
3. ADDRESS OF OPERATOR 1580 Lincoln, Suite 410, Denver, Colorado 80203		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface NW SE Section 22-3S-58W At proposed prod. zone		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 22-T3S-R58W	
14. PERMIT NO. 831210	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4976' GR	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 type="checkbox"/>
REPAIR WELL, (Other) <input type="checkbox"/>	CHANGE PLANS. <input type="checkbox"/>	(Other) <u>Set Surface Casing</u>	(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 10/20/83 \* Must be accompanied by a cement verification report.

Well was spudded at 6:15 p.m. 10/20/83 by Exeter Rig #13. Drilled 12 1/4" hole to 322'. Ran 322' of 8-5/8", 24# K-55 surface casing and cement with 250 sx. Glass "H" cement. Cement circulated to surface. Plug down 10:30 p.m. 10/20/83.



19. I hereby certify that the foregoing is true and correct		W. F. Griffith	
SIGNED <u>[Signature]</u>	TITLE <u>Production Manager</u>	DATE <u>10/27/83</u>	
(This space for Federal or State office use)			
APPROVED BY <u>[Signature]</u>	TITLE <u>DIRECTOR</u>	DATE <u>NOV 18 1983</u>	
CONDITIONS OF APPROVAL, IF ANY:		<u>O &amp; G Cons. Comm.</u>	