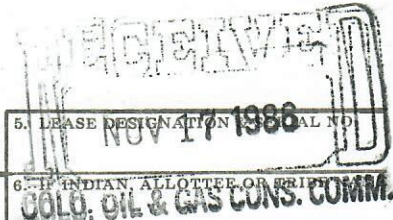


STATE OF COLORADO  
OIL AND GAS CONSERVATION C  
DEPARTMENT OF NATURAL RES.



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.)

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 300 Country Clud Rd. Ste. 201, Casper, Wyoming 82609		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 Sec. 22 At proposed prod. zone		10. FIELD AND POOL, OR WILDCAT N. Roman Nose	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22, T3S-R58W	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4985' DF	12. COUNTY AdamS	13. STATE Colo.

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 checked="" 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"/>	

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 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 \_\_\_\_\_

\* Must be accompanied by a cement verification report.

The well was completed natural with perforation 5756' - 5760'. Because of declining production, now 13 bopd, NCRA proposes to reperforate the interval 5751' -5760', 4 shots/ft., and frac with 33,500 lbs. sand in 17,000 g gelled water.

WBS	
REP	
HHM	
MAN	
ROC	
LAR	
COM	
ED	

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

SIGNED W.O. Sparks TITLE Dist. Supt. DATE 11-14-86

(This space for Federal or State office use)

APPROVED BY G.A. [Signature] TITLE SUPR. PETROLEUM ENGINEER DATE NOV 19 1986  
Oil & Gas Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY:

R