

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION

DEPARTMENT OF NATURAL

File in duplicate for Patented &
File in triplicate for State land



| | | | |
|----------------|-----|----|----|
| FOR OFFICE USE | | | |
| ET | FE | UC | SE |
| | SSK | | |

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"/> | | 5. LEASE DESIGNATION & SERIAL NO. | |
| 2. NAME OF OPERATOR Michael D. Carroll d/b/a M&J Oil Company | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 3. ADDRESS OF OPERATOR 5 Greenway Plaza East #1500 Houston, Texas 77046 | | 7. UNIT AGREEMENT NAME | |
| 4. LOCATION OF WELL (Record location clearly and in accordance with any State requirements. See also areas 17 below) At surface NWSW 660' FWL At proposed prod. zone 2,140' FSL Same | | 8. FARM OR LEASE NAME Price | |
| 14. PERMIT NO. C5-001-8828 | | 9. WELL NO. 13-28 | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4967.0 GR | | 10. FIELD AND POOL, OR WILDCAT Wildcat | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA S 28 T 3S R59W | |
| | | 12. COUNTY ADAMS | 13. STATE CO. |

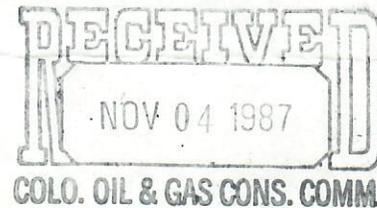
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

| | | | |
|---|---|---|--|
| 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 checked="" type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input checked="" type="checkbox"/> |
| REPAIR WELL. <input type="checkbox"/> | CHANGE PLANS: <input type="checkbox"/> | (Other) _____ | |
| (Other) _____ | | (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 6/29/87 * Must be accompanied by a cement verification report.

20 sacks of cement from 160' to 100'
10 sacks of cement from 30' to surface
Cut surface casing off 3' below ground level and welded on cap



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

PRINT Michael D. Carroll d/b/a M&J Oil Company

SIGNED Michael D. Carroll TITLE Owner DATE 10/27/87

(This space for Federal or state office use)

APPROVED BY [Signature] TITLE SUPR. PETROLEUM ENGINEER DATE NOV 10 1987
Oil & Gas Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY: