

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985



00213247

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 AND SERIAL NO.

C-09222

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

COLO. OIL & GAS CONS. COMM.

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal Deakins

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Buck Peak

11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA

Sec 23-6N-90W

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
Bruce Madden AKA Mountain Energy

3. ADDRESS OF OPERATOR  
5005 Tule Lake Dr. Littleton, CO 80 23

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
NWSESE  
Approximately the same at total depth

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7150' KB

12. COUNTY OR PARISH

Moffat

13. STATE

CO

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.)\*

Approval of extension to Temporary Abandonment Status until March 10, 1986.

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

SIGNED Albert P. Geyer

TITLE Agent

DATE February 10, 1986

(This space for Federal or State office use)

APPROVED BY William Smith  
CONDITIONS OF APPROVAL, IF ANY:

TITLE DIRECTOR  
O & G Cons. Comm

DATE FEB 20 1986

\*See Instructions on Reverse Side