

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

RECEIVED

MAY 17 1982

File in duplicate for Patented and Federal lands & GAS CONS. COMM.
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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION & SERIAL NO.
2. NAME OF OPERATOR Martin Exploration Management Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1919 14th St., Suite #400, Boulder, CO 80302		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface SE 1/4 NE 1/4, 660' FEL, 1980' FWL ✓ At proposed prod. zone Same		8. FARM OR LEASE NAME Young ✓
14. PERMIT NO. 811809 ✓		9. WELL NO. 1-23 ✓
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5152' GL, 5162' KB		10. FIELD AND POOL, OR WILDCAT Wattenberg ✓ BOULDER VALLEY
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 23, T1N, R69W ✓
		12. COUNTY Boulder ✓
		13. STATE Colorado

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐
☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON

REPAIR WELL

CHANGE PLANS

(Other)

☒

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.)

18. Date of work _____

* Must be accompanied by a cement verification report.

Date Spudded: 12-5-81
Date TD reached: 12/18/81 @ 8500'
WOCT

DVR
FJP
HHM
JAV
JJD
RLS
CGM

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

SIGNED

Viola M. Sanam

TITLE

Geologic Technician

DATE

5/14/82

(This space for Federal or State office use)

APPROVED BY

W. Rogers

TITLE

DIRECTOR
O & G Cons. Comm.

DATE

JUN 16 1982

CONDITIONS OF APPROVAL, IF ANY: