

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. <input type="checkbox"/> 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 <u>SE 1/4 NE 1/4, 660' FEL, 1980' FWL</u> 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 <u>BOULDER VALLEY</u>	
		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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input 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 checked="" type="checkbox"/> XX
(Other)	

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)	

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

DVR
FJP
HHM
JAV
JJD
RLS
CGM

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

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 [Signature] TITLE DIRECTOR O & G Cons. Comm. DATE JUN 16 1982
CONDITIONS OF APPROVAL, IF ANY:

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