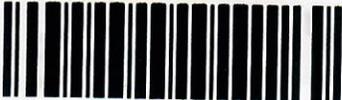


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MAR 18 1983



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GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES  
THE STATE OF COLORADO

Apply for Patented and Federal lands.  
File in triplicate for State lands.

*5/9/83*

5. LEASE DESIGNATION AND SERIAL NO.  
**COLO. OIL & GAS CONS. COMM.**  
Fee

**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 type="checkbox"/> OTHER <input type="checkbox"/> P&A		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR TXO Production Corp.		8. FARM OR LEASE NAME Kiowa State	
3. ADDRESS OF OPERATOR 1800 Lincoln Center Bldg., Denver, CO 80264		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 NE/4 NE/4 Sec. 20, T19S-R47W At proposed prod. zone Same		10. FIELD AND POOL, OR WILDCAT Nee Noshe	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T19S-R47W	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GL 4011 KB 4021		12. COUNTY Kiowa	
		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"/>	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 checked="" type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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.)

Date of work 3-11-83

- 1) 25 sxs @ 340'
- 2) 10 sxs @ 40'
- 3) 5 sxs in MH
- 4) 5 sxs in RH
- 5) Cut surface csg 2' from surface
- 6) Weld cap on

DVR	
FJP	
HEM	<input checked="" type="checkbox"/>
JAM	
RCC	
LAR	<input checked="" type="checkbox"/>
GCM	



00653511

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

SIGNED Frank D. Tsuru TITLE Drlg. & Prod. Engr. DATE 3/16/83  
 (This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE MAR 23 1983  
 CONDITIONS OF APPROVAL, IF ANY: O & G Cons. Comm.

*[Handwritten mark]*