

(12-08926)

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OGCC FORM 4
REV. 7-64

OIL AND GAS COMMISSION
DEF 99999999 OF THE STATE OF COLORADO



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

COLO. OIL & GAS CONS. COMM.

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 DRY | | 5. LEASE DESIGNATION AND SERIAL NO. | |
| 2. NAME OF OPERATOR SUNDANCE OIL COMPANY | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 3. ADDRESS OF OPERATOR Suite 510, 1776 Lincoln Street, Denver, CO 80203 | | 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 654' FSL and 670' FEL At proposed prod. zone | | 8. FARM OR LEASE NAME Stormberg | |
| 14. PERMIT NO. 74-651 | | 9. WELL NO. 1-28 | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4820' KB | | 10. FIELD AND POOL, OR WILDCAT Wildcat | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SE SE Section 28-3S-55W | |
| | | 12. COUNTY Washington | 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"/> | FULL 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 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 August 12, 1974

This well was plugged after verbal permission was granted by telephone as follows:

15 sacks at base of surface casing
10 sacks at top of surface casing

Hole was left full of 10.0 lb/gal. mud.

| | |
|-----|---|
| DVR | |
| FJP | |
| HHM | ✓ |
| JAM | ✓ |
| JJD | ✓ |
| GCH | |
| CGM | |

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

SIGNED Albert P. Geyer TITLE District Geologist DATE August 30, 1974
 (This space for Federal or State office use) DIRECTOR
 APPROVED BY [Signature] TITLE _____ DATE SEP 5 1974
 CONDITIONS OF APPROVAL, IF ANY: _____



X