

## OIL AND GAS CONSERVATION COMMISSION

DEPARTMENT OF NATURAL RESOURCES

STATE OF COLORADO



00213182

ate for Patented and Federal lands.  
ate for State lands.

RECEIVED

SEP 18 1985

## 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 type="checkbox"/> OTHER T.A. STATUS		5. LEASE DESIGNATION AND SERIAL NO. C-09222	
2. NAME OF OPERATOR Bruce Madden AKA Mountain Energy		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -----	
3. ADDRESS OF OPERATOR P.O.Box 670 Kimball, NE 69145		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 SENE (1990'FNL & 690'FEL) At proposed prod. zone Approximately the same		8. FARM OR LEASE NAME USA	
14. PERMIT NO. 74653		9. WELL NO. 1-22	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6930' GR		10. FIELD AND POOL, OR WILDCAT Buck Peak	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 22, T.6N., R.90W.	
		12. COUNTY 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 <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 type="checkbox"/>
(Other) <input type="checkbox"/>	Status update <input checked="" type="checkbox"/>

## SUBSEQUENT REPORT OF:

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) <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 N/A

SI, TA, PA or producing?

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

SIGNED Albert P. Geyer

TITLE Agent

DATE Sept. 9, 1985

(This space for Federal or State office use)

APPROVED BY William R. Smith

TITLE DIRECTOR  
O & G Cons. Comm.

DATE SEP 23 1985

CONDITIONS OF APPROVAL, IF ANY: