

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
OF NATURAL RESOURCES

00213179

File in

e for Patented and Federal Lands
e for State lands.**RECEIVED**
MAR 31 1987
COLO. OIL & GAS CONS. COMM.

5. LEASE DESIGNATION & SERIAL NO.

C-09222

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS(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"/> T.A. Status		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Bruce Madden AKA Mountain Energy		8. FARM OR LEASE NAME USA	
3. ADDRESS OF OPERATOR c/o 5005 Tule Lake Drive Littleton, Co. 80123		9. WELL NO. 1-22	
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 same at total depth		10. FIELD AND POOL, OR WILDCAT Buck Peak	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 22, T. 6N., R90W.	13. STATE Colo.
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6930'		12. COUNTY Moffat	

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 type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) Extension of T.A. Status <input checked="" 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.)

18. Date of work _____

* Must be accompanied by a cement verification report.

Approval of extension of Temporary Abandonment Status.



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

SIGNED

Albert P. Geyer

TITLE Agent

DATE March 30, 1987

(This space for Federal or State office use)

APPROVED BY

TITLE

SUPR. PETROLEUM ENGINEER

Oil & Gas Cons. Comm.

DATE

APR 01 1987

CONDITIONS OF APPROVAL, IF ANY:

**STATUS REPORT REQUIRED
EVERY 6 MONTHS ON SHUT-IN
& TEMPORARILY ABANDONED WELLS.**