

STATE OF COLORADO

OIL AND GAS CONSERVATION COMMISSION

DEPARTMENT OF NATURAL RESOURCES



00213177

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

5. LEASE DESIGNATION & SERIAL NO.

C-09222

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

USA

9. WELL NO.

1-22

10. FIELD AND POOL, OR WILDCAT

Buck Peak

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

22, T. 6N., R. 90W.

1. OIL WELL ☐ GAS WELL ☐ OTHER T.A. Status

2. NAME OF OPERATOR

Bruce Madden AKA Mountain Energy

3. ADDRESS OF OPERATOR

c/o 5005 Tule Lake Drive Littleton, CO 80123

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

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6930'

12. COUNTY

Moffat

13. STATE

Colo

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) Exension of T.A. Status ☒PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐

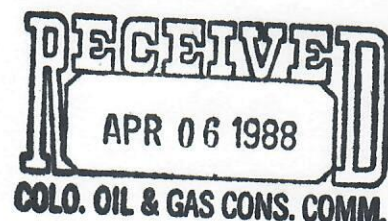
(Note: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

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

TITLE Agent

DATE 4/5/88

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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

