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STATE OF COLORADO  
OIL AND GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES

SUBMIT ORIGINAL AND 1 COPY

FOR OFFICE USE ONLY			
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**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.)

<input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input type="checkbox"/> OTHER			3. FEDERAL/INDIAN OR STATE LEASE NO.
1. NAME OF OPERATOR Fountainhead Resources, Ltd.			6. PERMIT NO.
2. ADDRESS OF OPERATOR 621-17th Street, Ste 1421			7. API NO.
CITY Denver,	STATE CO	ZIP CODE 80293	8. WELL NAME Long #2
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements See also space 17 below ) At surface			9. WELL NUMBER #2
At proposed prod zone			10. FIELD OR WILDCAT La Poudre
12. COUNTY Weld			11. QTR. QTR. SEC., T.R. AND MERIDIAN SWNE-25-6N-67W

Check Appropriate Box To Indicate Nature of Notice, Report or Notification

11A. NOTICE OF INTENTION TO:

- ☐ PLUG AND ABANDON
- ☐ MULTIPLE COMPLETION
- ☐ COMMINGLE ZONES
- ☐ FRACTURE TREAT
- ☐ REPAIR WELL
- ☐ OTHER

11B. SUBSEQUENT REPORT OF:

- ☒ FINAL PLUG AND ABANDONMENT (SUBMIT JOI PARTY CEMENT VERIFICATION AND JOI LOG)
  - ☐ ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS)
  - ☐ REPAIRED WELL
  - ☐ OTHER
- \*Use Form 5 - Well Completion or Recumpletion Report and Log for subsequent report of Multiple/Commingle Completions and Recumpletions

11C. NOTIFICATION OF:

- ☐ SHUT-IN TEMPORARILY ABANDONED (DATE \_\_\_\_\_) (REQUIRED EVERY 6 MONTHS)
- ☐ PRODUCTION RESUMED (DATE \_\_\_\_\_)
- ☐ LOCATION CHANGE (SUBMIT NEW PLAT)
- ☐ WELL NAME CHANGE
- ☐ OTHER

14. DESCRIBE PROPOSED OR COMPLETED OPERATIONS ON THIS FORM (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)

15. DATE OF WORK 11-2-91

CIBP @ 6700' + 3 sacks  
30 Sacks @ 2300'  
40 Sacks @ 400' (1/2 in and 1/2 out)  
10 Sacks @ top surface  
Cut and weld plate 4' below ground level

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

SIGNED

*David A. Gottenborg*

TELEPHONE NO. 296-1421

NAME (PRINT)

David A. Gottenborg

TITLE Manager

DATE 1-22-92

(This space for Federal or State office use)

APPROVED

*Stephen Roth*

TITLE

*Sr. Engr.*

DATE

1/30/92

CONDITIONS OF APPROVAL, IF ANY: