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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.
2. NAME OF OPERATOR Fountainhead Resources, Ltd.		6. PERMIT NO.
3. ADDRESS OF OPERATOR 621-17th Street, Ste 1421		7. API NO.
CITY STATE ZIP CODE Denver, CO 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 At proposed prod zone		9. WELL NUMBER #2
12. COUNTY Weld		10. FIELD OR WILDCAT La Poudre
		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: <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> COMMINGLE ZONES <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> OTHER _____	11B. SUBSEQUENT REPORT OF: <input checked="" type="checkbox"/> FINAL PLUG AND ABANDONMENT (SUBMIT JRD PARTY CEMENT VERIFICATION AND JOB LOG) <input type="checkbox"/> ABANDONED LOCATION (WELL NEVER DRILLED. SITE MUST BE RESTORED WITHIN 6 MONTHS) <input type="checkbox"/> REPAIRED WELL <input type="checkbox"/> OTHER _____ <small>*Use Form 5 - Well Completion or Recompletion Report and Log for subsequent reports of Multiple/Commingled Completions and Recompletions</small>	11C. NOTIFICATION OF: <input type="checkbox"/> SHUT-IN TEMPORARILY ABANDONED (DATE _____) (REQUIRED EVERY 6 MONTHS) <input type="checkbox"/> PRODUCTION RESUMED (DATE _____) <input type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT) <input type="checkbox"/> WELL NAME CHANGE <input type="checkbox"/> OTHER _____
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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 Pott TITLE Sr. Engr. DATE 1/30/92
 CONDITIONS OF APPROVAL, IF ANY: