



STATE OF COLORADO  
CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES

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

**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. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR

Barrett Energy Company

#06495

3. ADDRESS OF OPERATOR

221 E. 29th Suite 240 Loveland, Colorado 80538

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)

At surface: 600' FNL 1700' FWL Sec. 13-33S-44W

At proposed prod. zone

same

14. PERMIT NO.

84-806

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

4027' G.L.

5. LEASE DESIGNATION & SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Hancock

9. WELL NO.

10. FIELD AND FOOT, OR WILDCAT

Flank Northwest

11. SEC., T., R., M., OR B.L.K. AND SURVEY OR AREA

13-T33S-R44W

12. COUNTY

Baca

13. STATE

Colorado

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)

FULL 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\*

Status Update

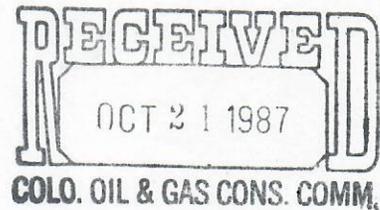
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.

This well is SI WO Pipeline Hookup.



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

SIGNED

*Melba Evers*

TITLE

Operations Manager

DATE

10-20-87

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

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

DATE

