



STATE OF COLORADO
CONSERVATION COMMISSION
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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		6. LEASE DESIGNATION & SERIAL NO.	
2. NAME OF OPERATOR <u>Barrett Energy Company #06495</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <u>221 E. 29th Suite 240 Loveland, Colorado 80538</u>		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>600' FNL 1700' FWL Sec. 13-33S-44W</u> At proposed prod. zone <u>same</u>		8. FARM OR LEASE NAME <u>Hancock</u>	
14. PERMIT NO. <u>84-806</u>		9. WELL NO. <u>#1 4-13</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>4027' G.L.</u>		10. FIELD AND FOOT, OR WILDCAT <u>Frank Northwest</u>	
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data		11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA <u>13-T33S-R44W</u>	
12. COUNTY <u>Baca</u>		13. STATE <u>Colorado</u>	

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"/>	FULL 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) <u>Status Update</u> <input checked="" type="checkbox"/>	

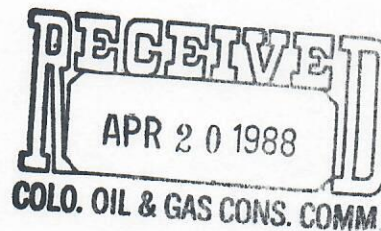
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.

This well is SI WO Pipeline Hookup.



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

SIGNED Mike Ennis TITLE Operations Manager DATE 4-19-88

(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.**