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JAN 29 1985

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 type="checkbox"/> OTHER <input checked="" type="checkbox"/> <b>Dry</b>		5. LEASE DESIGNATION & SERIAL NO. <b>COLO. OIL &amp; GAS CONS. COM.</b>	
2. NAME OF OPERATOR <b>Kimbark Oil &amp; Gas Company</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <b>1580 Lincoln St. #700, Denver, CO 80203</b>		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 <b>1320' FNL, 1650' FWL, SW NW</b> At proposed prod. zone		8. FARM OR LEASE NAME <b>KOG Commerce Ranch</b>	
14. PERMIT NO. <b>84-1184</b>		9. WELL NO. <b>1</b>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>4071' GR</b>		10. FIELD AND POOL, OR WILDCAT <b>Wildcat</b>	
12. COUNTY <b>BACA</b>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 22: T-33-S, R-44-W</b>	
13. STATE <b>Colorado</b>			

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"/>	PULL 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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	(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 12/24/84 \* Must be accompanied by a cement verification report.

Spud well at 10:30am 12/5/84. Drill to 1569'. ran 37 jts 8-5/8" 24# K-55 csg, set @ 1550'. Cmt w/600 sx lite w/2% CaCl2 & 1/4#/sx flocele, & 150 sx Class "H" w/3% CaCl2 & 1/4#/sx flocele. PD @ 11:15am 12/7/84.  
 Drilled to 3739'.  
 Ran DST#1, interval 3705-39'  
 Drilled to 5130'  
 Ran DST#2, interval 5027-37'  
 Drilled to TD 5738'.  
 Ran electric logs and evaluated  
 Ran DST#3, interval 5704-38'  
 Plugged well as follows:  
 1565-1540' w/20 sx  
 20-3' w/10 sx  
 Rat hole & mouse hole 10 sx

OGCC
FIP
MHC
<input checked="" type="checkbox"/>
RCC
LAR
COM
ET

19. I hereby certify that the foregoing is true and correct  
SIGNED [Signature] TITLE Operations Manager DATE 1/28/85

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE FEB 1 1985  
CONDITIONS OF APPROVAL, IF ANY: O & G Cons. Comm.

P