

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

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OCT - 8 1987



**SUNDRY NOTICES AND REPORTS ON WELLS** COLO. OIL & GAS CONS. COMM.

(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"/> Dry Hole		5. LEASE DESIGNATION & SERIAL NO.	
2. NAME OF OPERATOR Strat Land Exploration Company		6. IF INDIAN ALLOTTEE OR TRIBE NAME NA	
3. ADDRESS OF OPERATOR 9 E. 4th Street, Suite 800 Tulsa, Oklahoma 74103		7. UNIT AGREEMENT NAME NA	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1329' FSL, 1357' FWL C/SW At proposed prod. zone 1329' FSL, 1357' FWL		8. FARM OR LEASE NAME Cook	
14. PERMIT NO. 86-319		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3,990' GR		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 7-T33S-R43W	
		12. COUNTY Baca	13. STATE Colorado

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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>
REPAIR WELL (Other) <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>

WATER SHUT-OFF* <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" 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 9-11-87

\* Must be accompanied by a cement verification report.

1. Set CIBP inside 4 1/2", 10.5#, J55 csg @ 1,550'.\*
2. Place 2 sx cmt on top of CIBP with dump bailer.
3. Backed off 4 1/2" csg @ 761'.
4. Set 30' cmt plug (20 sx) from 33-3'.\*\*
5. Weld P&A plate on top of 8 5/8" csg 3' below GL.
6. Restored surface location.

\*See attached verification letter from Wellex

\*\*See attached statement from Sam's Well Service for verification.

10-22-87 - Per call (Jim Cooper) approved this work, minus plug at base of surface casing.

FOR OFFICE USE ONLY
BY <i>[Signature]</i>
FE
UC
<i>[Signature]</i>

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

SIGNED P. K. Jewin TITLE Production Manager DATE 9-16-87  
KYLE TRAVIS

(This space for Federal or State office-use)

APPROVED BY [Signature] TITLE SUPR. PETROLEUM ENGINEER DATE OCT 21 1987  
Oil & Gas Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY: