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Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☐ other ☐

2. NAME OF OPERATOR

3. ADDRESS OF OPERATOR

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: See Attachment

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>

(other) Continue Temporary Abandon

5. LEASE
C-034894

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A

7. UNIT AGREEMENT NAME
N/A

8. FARM OR LEASE NAME
LuBauer - Petrel

9. WELL NO.
See Attachment #40

10. FIELD OR WILDCAT NAME
Rangely - Mancos

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
11 - TIN R102 W 6th P.M.

12. COUNTY OR PARISH
Rio Blanco

13. STATE
Colorado

14. API NO.
UNKNOWN

15. ELEVATIONS (SHOW DF, KDB, AND WD)
Various

(NOTE: Report results of multiple completion or zone change on Form 9-330.)



00043916

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.)*

The following wells were purchased from Twin Arrow Inc. in July 1986. They are currently temporarily abandoned under approved Sundry Notice dated 3/12/86. GVR would like a continuance of temporary abandonment so that they may determine the current status of each of these wells. This would include testing each well, evaluating the feasibility of production, then either permanently abandoning or resuming production.

See Attachment for Well #, Location, Section, Township, & Range

No additional surface damage is required.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Chuck Anderson TITLE Consultant DATE 8/7/86

(This space for Federal or State office use)

APPROVED BY J. A. [Signature] TITLE Oil & Gas Cons. Comm. DATE AUG 11 1986

CONDITIONS OF APPROVAL, IF ANY:

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AUG 8 1908

Attachment to Sundry Notices and Reports On Wells

CALIF. OIL & GAS CONS. COMM.

<u>Well Number</u>	<u>Location</u>	<u>Section</u>	<u>Township</u>	<u>Range</u>
26 - A	875 FSL 937 FWL	2	IN	102 W
27 - A	849 FSL 734 FWL	2	IN	102 W
28 - A	703 FSL 754 FWL	2	IN	102 W
29 - A	UNKNOWN	2	IN	102 W
31 - A	139 FSL 812 FWL	2	IN	102 W
9	300 FNL 2340 FEL	10	IN	102 W
38A	293 FNL 54 FEL	10	IN	102 W
40	1225 FNL 1225 FWL	11	IN	102 W
43	841 FNL 1073 FWL	11	IN	102 W
44	257 FNL 601 FWL	11	IN	102 W
45	476 FNL 631 FWL	11	IN	102 W

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Form 7-72
Rev. 1-71

UNITED STATES

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

Use this form for submitting to the Bureau for publication in the Bulletin of the Geological Survey, or for other purposes.

1. NAME OF OPERATOR _____

2. ADDRESS OF OPERATOR _____

3. LOCATION OF WELL (State, County, Township, Range, Section, Quarter) _____

4. LOCATION OF WELL (State, County, Township, Range, Section, Quarter) _____

5. CHECK ANY OF THE FOLLOWING: ☐ AT TOTAL DEPTH ☐ AT TOP OF PRODUCING ZONE ☐ AT SURFACE

6. CHECK ANY OF THE FOLLOWING: ☐ REQUEST FOR A TEST WATER SAMPLE ☐ REQUEST FOR A FRACTURE TEST ☐ REQUEST FOR A SHOOT OR ACID TREATMENT ☐ REQUEST FOR A REPAIR WELL ☐ REQUEST FOR A PUMP OR LIFT ☐ REQUEST FOR A MULTIPLE COMPLETION ☐ REQUEST FOR A CHANGE ZONE ☐ REQUEST FOR A RABBITON ☐ REQUEST FOR A (Other) _____

7. DESCRIBE PROPOSED OR COMPLETED WORK (Include estimated date of starting and estimated cost. If well is abandoned, include estimated date of abandonment and estimated cost of abandonment. If well is being plugged, include estimated date of plugging and estimated cost of plugging.) _____

8. FIELD OR WELLSITE NAME (Name of well or group of wells) _____

9. WELL NO. (If applicable) _____

10. TOWN OR LEASE NAME (If applicable) _____

11. WENT AGREEMENT NAME (If applicable) _____

12. IF BUREAU ACQUITTOR OR TRIBE NAME (If applicable) _____

13. LEASE NO. (If applicable) _____

14. SEC. T. R. M. OR B.L. AND SURVEY OR _____

Sending this list to KTB
8/11/86 for checking
Only have files
on #40 + 29 A - B
Dennis B

See Attachment for Well 5, Location, Section, Township, & Range

No additional surface damage is reported.

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