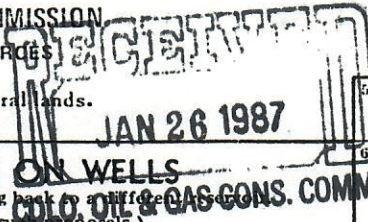


STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

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



5. LEASE DESIGNATION & SERIAL NO.
D-033804-B
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different zone.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Twin Arrow, Inc. (303) 675-8226		8. FARM OR LEASE NAME G & M	
3. ADDRESS OF OPERATOR P.O. Box 948 Rangely, Co. 81648		9. WELL NO. #3	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface At proposed prod. zone 550' FWL, 2125' FSL, Sec. 11		10. FIELD AND POOL, OR WILDCAT Rangely - Mancos	
14. PERMIT NO. 67-109' (?)		15. ELEVATIONS (Show whether DF, RT, GR, etc.) Approx. 5420' GR.	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11-T1N-R102W, 6th p.m.		12. COUNTY RIO BLANCO	
13. STATE COLO.			

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
(Other) Temporary Abandoned Status <input checked="" type="checkbox"/>			

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 Jan. 22, 1987

* Must be accompanied by a cement verification report.

Twin Arrow, Inc. would like to keep this well on a " Temporary Abandoned " status for the next 6 months. 7-87



FOR OFFICE USE ONLY

ET	<input checked="" type="checkbox"/>
FE	<input type="checkbox"/>
UC	<input type="checkbox"/>
SE	<input checked="" type="checkbox"/>

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

SIGNED James L. Smith TITLE Production Superintendent DATE Jan. 22, 1987

(This space for Federal or State office use)

APPROVED BY G. A. Smith TITLE SUPR. PETROLEUM ENGINEER DATE JAN 27 1987

CONDITIONS OF APPROVAL, IF ANY:

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