



Indicate for Patented and Federal lands.
Indicate for State lands.

5. LEASE DESIGNATION & SERIAL NO.

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

RECEIVED

1. OIL WELL GAS WELL OTHER

7. UNIT AGREEMENT NAME

SEP 27 1983

2. NAME OF OPERATOR
Martin Exploration Management Corporation

8. FARM OR LEASE NAME

Erstl. OIL & GAS CONS. COMM.

3. ADDRESS OF OPERATOR
1919 14th St., Suite #400, Boulder, CO 80302

9. WELL NO.

6-17

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)

10. FIELD AND POOL, OR WILDCAT

unnamed Wattenberg

At surface NWSW, 660' FWL, 1980 FSL

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 17, T1N, R69W

At proposed prod. zone
Same

14. PERMIT NO.

82 243

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5066 GL, 5078 KB

12. COUNTY

Boulder

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 <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>
(Other) <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 type="checkbox"/>
(Other) <input 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 will not be drilled.

DVR	
FJP	
HHH	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
RCC	
LAR	<input checked="" type="checkbox"/>
GCM	



00037661

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

SIGNED Wick M. Larson TITLE Geologic Technician

DATE 9-26-83

(This space for Federal or State office use)

APPROVED BY William Smith TITLE DIRECTOR

DATE OCT 11 1983

CONDITIONS OF APPROVAL, IF ANY:

O & G Cons. Comm.