

STATE OF COLORADO  
OIL AND GAS CONSERVATION COMMISSION

DEPARTMENT OF NATURAL RESOURCES



999999999

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

5. LEASE DESIGNATION &amp; 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

Ertl  
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.)

At surface NWSW, 660' FWL, 1980 FSL

10. FIELD AND POOL, OR WILDCAT

Unnamed  
Wattenberg

At proposed prod. zone

Same

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

Sec 17, T1N, R69W

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

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON

SHOOTING OR ACIDIZING

ABANDONMENT\*

REPAIR WELL.

CHANGE PLANS.

(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

\* Must be accompanied by a cement verification report.

This well will not be drilled.

DVR	
FJP	
HHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
ROC	
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 R Smith

TITLE

DIRECTOR

DATE

OCT 11 1983

CONDITIONS OF APPROVAL, IF ANY:

O &amp; G Cons. Comm.