

RECEIVED

AUG 18 1983

OGCC FORM 4

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



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

5. LEASE DESIGNATION AND SERIAL NO.
COLO. OIL & GAS CONS. COMM.
Fee Lease

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Abandoned		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR SOLAR PETROLEUM, INC.		8. FARM OR LEASE NAME Kirk-Lynch
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1650' FNL, 330' FWL		9. WELL NO. 4A
14. PERMIT NO. 821893		10. FIELD AND POOL, OR WILDCAT Mt. Hope
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4176' G.L.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 17-9N-53W
		12. COUNTY Logan
		13. STATE CO

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 checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input checked="" 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.)

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.)

Date of work 12/22/82

Plugged and Abandoned

35 s x s @4930'
20 s x s @129'
10 s x s @ sfc.

DIR	
ESP	
ENR	
JAM	<input checked="" type="checkbox"/>
ROC	
CAR	<input checked="" type="checkbox"/>
COM	

18. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE Sr. Petroleum Engineer DATE 8/18/83

(This space for Federal or State office use)

APPROVED BY William Smith TITLE DIRECTOR O & G Cons. Comm. DATE AUG 30 1983
CONDITIONS OF APPROVAL, IF ANY:

Handwritten mark

Handwritten mark