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STATE OF COLORADO  
CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES

RECEIVED

MAY 16 1985

087-07755

File in duplicate for Patented and Federal lands.  
File in triplicate for State lands.5. LEASE NO. **6600 OIL & GAS CONS. COMM.**

## 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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <b>Abandoned Location</b>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR <b>Northpointe Exploration Co., Lloyd &amp; Thomsen &amp; Gear Drilling Co.</b>		8. FARM OR LEASE NAME <b>State</b>	
3. ADDRESS OF OPERATOR <b>470 Denver Club Bldg., Denver, CO 80202</b>		9. WELL NO. <b>1</b>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <b>1980' FSL &amp; 660' FWL of SW/4</b> At proposed prod. zone <b>same as above</b>		10. FIELD AND POOL, OR WILDCAT <b>Wildcat</b>	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 17-2N-57W</b>		12. COUNTY <b>Morgan</b>	
13. STATE <b>Colorado</b>		14. PERMIT NO. <b>83998</b>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>4392 GR</b>		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.

ABANDONED LOCATION



00085930

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

SIGNED

GEORGE L. GEAR

TITLE

President

DATE

5/9/85

(This space for Federal or State office use)

APPROVED BY

William Smith

TITLE

DIRECTOR

DATE

MAY 20 1985

CONDITIONS OF APPROVAL, IF ANY:

O &amp; G Cons. Comm.