

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

RECEIVED

APR 17 1985



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



5. LEASE DESIGNATION & SERIAL NO.  
**COLO. OIL & GAS CONS. COMM.**

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 reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Dry Hole		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Lynx Exploration Company		8. FARM OR LEASE NAME Reymon Prospect	
3. ADDRESS OF OPERATOR 1580 Lincoln St., Ste. 800, Denver, CO 80203		9. WELL NO. #1 Dude	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL & 660' FEL (NE/4NE/4) At proposed prod. zone Same		10. FIELD AND POOL, OR WILDCAT Wildcat	
14. PERMIT NO. 841881		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4391' GL	
		12. COUNTY Morgan	13. STATE Colorado

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Section 13-T2N-R58W

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 type="checkbox"/>
(Other)	

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 checked="" type="checkbox"/>
(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 12-20-84 - 12-30-84 Inclusive \* Must be accompanied by a cement verification report.

Spudded well 12-22-84  
 8 5/8 OD surface csg set at 171' KB. Cmt w/160 sx  
 Drilled 7 7/8" hole to 5727' TD  
 Ran logs - no cores. Ran 2 DSTs  
 Plugged well with 20 sx at bottom of surface casing at 171', and 10 sx at top of surface casing. Cut casing off 3' below GL. Welded plate on.  
 Filled cellar. Well is D & A  
 Plugging verification letter attached.

VP	
FJP	
MM	
JAR	<input checked="" type="checkbox"/>
ROD	<input checked="" type="checkbox"/>
JAR	<input checked="" type="checkbox"/>
DM	
EP	

19. I hereby certify that the foregoing is true and correct  
SIGNED [Signature] TITLE Representative DATE 4-16-85

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE APR 22 1985  
O & G Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY:

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