

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

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

RECEIVED  
SEP 21 1987  
OIL & GAS CONS. COMM.



5. LEASE DESIGNATION & SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
FINDEIS #3

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
2 North, 54 West, Sec. 18

12. COUNTY  
Washington

13. STATE  
Colorado

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(Do not use this form for proposals to drill or to deepen or plug back to the surface or to...  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL  GAS WELL  OTHER  Change Well Name

2. NAME OF OPERATOR  
Alfred Ward and Son

3. ADDRESS OF OPERATOR  
P.O. Box V, Akron, CO 80720

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

14. PERMIT NO.

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

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

18. Date of work 09-17-87 \* Must be accompanied by a cement verification report.

Change Well Name from #3 FINDEIS to #1-18 FINDEIS



FOR OFFICE USE ONLY

ET

FE

LUC

*Jim*

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

SIGNED Alfred Ward TITLE Partner DATE 9-17-87

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE SUPR. PETROLEUM ENGINEER DATE SEP 23 1987  
Oil & Gas Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY:

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