



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

| FOR OFFICE USE | | | |
|----------------|----------|----|----|
| ET | FE | UC | SE |
| <i>13</i> | <i>4</i> | | |

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

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 checked="" type="checkbox"/> OTHER | | 5. LEASE DESIGNATION & SERIAL NO. | |
| 2. NAME OF OPERATOR Alfred Ward and Son | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 3. ADDRESS OF OPERATOR P.O. Box V, Akron, CO 80720 | | 7. UNIT AGREEMENT NAME | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>660FN 2630FE</i> | | 8. FARM OR LEASE NAME Findeis | |
| At proposed prod. zone | | 9. WELL NO. 1-18 | |
| 14. PERMIT NO. | | 10. FIELD AND POOL, OR WILDCAT <i>WJC OLD ROAD</i> | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NW NE 18-2N-54W | |
| | | 12. COUNTY Washington | 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 <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"/> | |
| (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 _____ * Must be accompanied by a cement verification report.

Status Update:

Well still shut-in; at present waiting on hookup with gas company for transport

STATUS REPORT REQUIRED EVERY 6 MONTHS ON SHUT-IN & TEMPORARILY ABANDONED WELLS.

RECEIVED
MAR 22 1989

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

PRINT Alfred Ward and Son by Randall L. Ward, partner

SIGNED *Randall L. Ward* TITLE partner DATE 3-21-89

(This space for Federal or State office use)

APPROVED BY *[Signature]* TITLE SUPR. PETROLEUM ENGINEER DATE MAR 27 1989

CONDITIONS OF APPROVAL, IF ANY: _____