

STATE OF COLORADO  
OIL AND GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCESRECEIVED  
JAN 30 1985File in duplicate for Patented and Federal lands.  
File in triplicate for State lands.

DMM.

## 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		6. IF INDIAN, ALLOTTEE OF TRIBE NAME	
2. NAME OF OPERATOR Sun Exploration & Production Company		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P O. Box 5940 T.A., Denver, CO 80217		8. FARM OR LEASE NAME State 1-9	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface SE NW 1980 <sup>+</sup> FNL & 1980 <sup>+</sup> FWL At proposed prod. zone		9. WELL NO. 1	
10. FIELD AND POOL, OR WILDCAT McClave		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9- T21S, R48W	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3954 GR	12. COUNTY Bent	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 type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS. <input type="checkbox"/>	(Other) _____	(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.

## PROCEDURE:

1. MIRU GIBSON WS/ LOAD HOLE W/15 BBLs 3% KCL/ PU 2 JTS TBG/ TAG PBTD @ 4830'/ POOH/ RIH W/BAKER RDG PKR ON 2-3/8" TBG/ SET PKR @ 4620' W/15,000#
2. HOWCO ACID PERF 4748-58' MORROW W/1000 GALS 15% HCL + 50,000 SCF N2/ FLUSH W/22,000 SCF N2/ MAX P 2750#, ATP 2675#/ ISIP 2650#, 15 MIN 1500#
3. POOH W/TBG & PKR/ RIH W/SN & 154 JTS 2-3/8" TBG/ TS @ 4753'/ SN @ 4752'/ SWAB/ RR
4. PERF 4748-58' MORROW/ 24 HRS PL 1/2 BO + 0 BW + 22 MCF GAS/ TP 110# CP 195#



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

SIGNED Ana M. Kissack TITLE Sr. Acctg. Assist. DATE 1/28/85

(This space for Federal or State office use)

APPROVED BY William Smith TITLE DIRECTOR DATE FEB 1 1985  
CONDITIONS OF APPROVAL, IF ANY: