

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

JUN 13 1985



5. LEASE DESIGNATION & SERIAL NO.

00574224

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 ☐ GAS WELL ☒ OTHER

7. UNIT AGREED

2. NAME OF OPERATOR

Sun Exploration & Production Company

8. FARM OR LEASE NAME

State 1-9

3. ADDRESS OF OPERATOR

P.O. Box 5940 T.A., Denver, CO 80217

9. WELL NO.

1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

See also space 17 below.)

At surface

SENW 1980' FNL & 1980' FWL

At proposed prod. zone

10. FIELD AND POOL, OR WILDCAT

McClave

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 9-21S-48W

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:

TEST WATER SHUT-OFF

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☐
☐

PULL OR ALTER CASING

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☐
☐
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MULTIPLE COMPLETE

ABANDON

CHANGE PLANS.

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL.

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

Shut-in

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

☐
☐
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(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.

Last day of production 4-9-85

Shut-in 4-10-85

Due to inability to market.



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

SIGNED

Chris McKersade

TITLE

Sr. Acctg. Assist.

DATE 6/10/85

(This space for Federal or State office use)

APPROVED BY

William R Smith

TITLE

DIRECTOR

DATE

JUN 13 1985

CONDITIONS OF APPROVAL, IF ANY:

O & G Cons. Comm.

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