

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.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NO. 00574224

8. FARM OR LEASE NAME
State 1-9

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
McClave

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 9-21S-48W

12. COUNTY
Bent

13. STATE
CO

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

2. NAME OF OPERATOR
Sun Exploration & Production Company

3. ADDRESS OF OPERATOR
P.O. Box 5940 T.A., Denver, CO 80217

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
SENW 1980' FNL & 1980' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3954 GR

SCANNED

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL, (Other)

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON
CHANGE PLANS.

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other) Shut-in

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

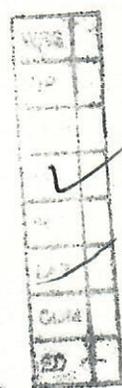
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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 Anna M. Kussad 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.

AK

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