

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 3 1985



**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 Sun Exploration & Production Company		6. IF INDIAN	
3. ADDRESS OF OPERATOR P.O. Box 5940 T.A., Denver, CO 80217		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 SENW 1980' FNL & 1980' FWL At proposed prod. zone		8. FARM OR LEASE NAME State 1-9	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3954' GR		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

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 <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) <u>see below</u>	
(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.

Return to production 7-1-85  
Well shut-in 8-2-85 due to gas plant shut down

WRS	:
FJP	
HHM	
JAM	
RCC	
LAR	
GM	
ED	

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

SIGNED Ana M. Kewack TITLE Sr. Acctg. Assist. DATE 8-28-85

(This space for Federal or State office use)

APPROVED BY William Smith TITLE DIRECTOR O & G Cons. Comm. DATE SEP 10 1985

CONDITIONS OF APPROVAL, IF ANY: