

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

RECEIVED

SEP 3 1985

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

5. LEASE DESIGNATION & SERIAL NO.   
00574223

6. IF INDIAN

7. UNIT AGREEMENT NAME

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 SENW 1980' FNL & 1980' FWL  
At proposed prod. zone

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 <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)		(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 Una M. Kuszak 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:

BA

✓