

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

RECEIVED

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

JUL 16 1986

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to...
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION & SERIAL NO.	
2. NAME OF OPERATOR The Marlin Oil Company c/o Larry Snodgrass, Trustee		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1860 Lincoln St., Suite 808, Denver, Colorado 80295		7. UNIT AGREEMENT NAME Denny	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 100' NE of C SW SE Sec. 27 T7N R67W At proposed prod. zone same		8. FARM OR LEASE NAME Denny	
14. PERMIT NO. 75-745		9. WELL NO. #3	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4952' G.R.		10. FIELD AND POOL, OR WILDCAT New Windsor	
12. COUNTY Weld		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, T7N R67W	
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 checked="" 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, (Other) <input checked="" type="checkbox"/>	CHANGE PLANS. <input type="checkbox"/>	(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 6-30-86 * Must be accompanied by a cement verification report.

Production equipment was removed from well, tubing leaks repaired, and TD checked. Production equipment was rerun and well put into production.

Results of test taken 7-6-86 6 BOPD, 4 BWPD, 6MCFGPD

Gas used on lease for fuel.

Well is producing into unit battery.



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

SIGNED [Signature] TITLE Production Consultant DATE 7-14-86

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE SUPR. PETROLEUM ENGINEER DATE JUL 17 1986
Oil & Gas Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY:

JL