



OGCC FORM 4
Rev. 1/78

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

| FOR OFFICE USE | | | |
|----------------|----|----|----|
| ET | FE | UC | SE |
| | | | MP |

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

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 5. LEASE DESIGNATION & SERIAL NO. |
| 2. NAME OF OPERATOR <i>H+R Well Services</i> | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR <i>0902 Ra 4</i> | | 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 <i>SW SE</i> At proposed prod. zone <i>SAME</i> | | 8. FARM OR LEASE NAME <i>Denny 43 (57440)</i> |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | 9. WELL NO. <i>3</i> |
| | | 10. FIELD AND POOL, OR WILDCAT <i>New Windsor</i> |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec 27-7N-67W</i> |
| | | 12. COUNTY <i>Weld</i> |
| | | 13. STATE <i>Colo</i> |

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

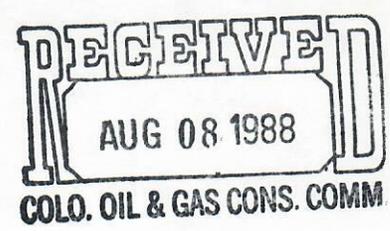
| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|---|--|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF* <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE 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 (Other) <input type="checkbox"/> | CHANGE PLANS: <input checked="" 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 _____ * Must be accompanied by a cement verification report.

Well is producing. Production reported in unit.



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

PRINT DAVE REHOL

SIGNED [Signature] TITLE Secretary DATE 8/3/88

(This space for Federal or State office use)

APPROVED BY William R. Smith TITLE DIRECTOR DATE AUG 11 1988

CONDITIONS OF APPROVAL, IF ANY: O & G Cons. Comm.