

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

00226845

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

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

NOTICE OF INTENTION TO:

| | | | |
|---------------------|--------------------------|----------------------|-------------------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | PULL OR ALTER CASING | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | MULTIPLE COMPLETE | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | ABANDON | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | CHANGE PLANS: | <input checked="" type="checkbox"/> |
| (Other) | | | |

SUBSEQUENT REPORT OF:

| | | | |
|-----------------------|--------------------------|-----------------|--------------------------|
| WATER SHUT-OFF | <input type="checkbox"/> | REPAIRING WELL | <input type="checkbox"/> |
| FRACTURE TREATMENT | <input type="checkbox"/> | ALTERING CASING | <input type="checkbox"/> |
| SHOOTING OR ACIDIZING | <input type="checkbox"/> | ABANDONMENT* | <input type="checkbox"/> |

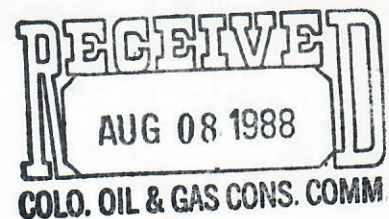
(Other)
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.

Well is producing. Production reported
in unit.



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

PRINT DAVE Rehob
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.