



FOR OFFICE USE			
ET	FE	UC	SE

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. <b>API 12308203</b>	
2. NAME OF OPERATOR <b>H&amp;R Well Services, Inc</b>		7. UNIT AGREEMENT NAME <b>New Windsor</b>	
3. ADDRESS OF OPERATOR <b>0902 Rd 4, Wiggins, Colo 80654</b>		8. FARM OR LEASE NAME <b>Brunner 57440</b>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <b>NW SW</b> At proposed prod. zone		9. WELL NO. <b>1</b>	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)	
10. FIELD AND POOL, OR WILDCAT <b>New Windsor</b>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec 26-7N-67W</b>	
12. COUNTY <b>Weld</b>		13. STATE <b>Colo</b>	

#### 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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>
REPAIR WELL, (Other) <input type="checkbox"/>	CHANGE PLANS: <input type="checkbox"/>

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 checked="" 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 3/6/89

\* Must be accompanied by a cement verification report.

Set a CIBP @ 4,200' and dumped 3 sacks of cement.  
25 sacks of cement at 1100', after cutting casing at 3,500' and laying it down.  
spotted 25 more sacks at 200', the base of surface.  
Set 5 sacks at surface.  
Cut the wellhead off 4' down, and welded a plate.



EXHAUSTED  
OIL WELL

RECEIVED

MAR 13 1989

COLO. OIL & GAS CONS. COM

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

PRINT Dave Rebol

SIGNED [Signature] TITLE Secretary DATE 3/6/89

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE SUPR. PETROLEUM ENGINEER DATE MAR 21 1989

CONDITIONS OF APPROVAL, IF ANY: