

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

SUBMIT ORIGINAL AND 1 COPY



FOR OFFICE USE ONLY			
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	58		17P

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)

<input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input type="checkbox"/> OTHER			1. FEDERAL/INDIAN OR STATE LEASE NO.
2. NAME OF OPERATOR Fountainhead Resources, Ltd. 30658			3. PERMIT NO.
3. ADDRESS OF OPERATOR 621 Seventeenth St., Suite 1421			4. API NO. 05123 11074
CITY Denver,	STATE CO	ZIP CODE 80293	5. WELL NAME Felte #57465
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements has also space (1 below) At surface At proposed prod. zone			6. WELL NUMBER #1
7. COUNTY Weld			8. FIELD OR WILDCAT New Windsor
			9. QTR. QTR. SEC., T.R. AND MERIDIAN NWSE S-34, T7N, R67W

Check Appropriate Box to Indicate Nature of Notice, Report or Notification

13A. NOTICE OF INTENTION TO: <input checked="" type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> COMMINGLED ZONES <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> OTHER	13B. SUBSEQUENT REPORT OF: <input checked="" type="checkbox"/> FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG) <input type="checkbox"/> ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS) <input type="checkbox"/> REPAIRED WELL <input type="checkbox"/> OTHER <small>*Use Form 5 - Well Completion or Resumption Report and Log for subsequent reports of Multiple/Commingled Completions and Resumptions</small>	13C. NOTIFICATION OF: <input type="checkbox"/> SHUT-IN TEMPORARILY ABANDONED (DATE _____) (REQUIRED EVERY 6 MONTHS) <input type="checkbox"/> PRODUCTION RESUMED (DATE _____) <input type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT) <input type="checkbox"/> WELL NAME CHANGE <input type="checkbox"/> OTHER
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14. DESCRIBE PROPOSED OR COMPLETED OPERATIONS ON THIS FORM (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)

15. DATE OF WORK October 26, 1990

EXHAUSTED
OIL WELL

CBIP @ 4200' + 3 sacks cement
Cut at freepoint, plugged 930-1030 with 45 sacks cement
30 sacks 1/2 in and 1/2 out @ 234
10 sacks at surface, cut 4' below ground level

RECEIVED

DEC 18 1990

COLO. OIL & GAS CON. COMM.

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

SIGNED David A. Gottenberg TELEPHONE NO. 303-296-1421
NAME (PRINT) DAVID A. GOTTEBERG TITLE PARTNER DATE 12-17-90

(This space for Federal or State office use)

APPROVED Stephen Pott TITLE Sr. Engr. DATE 12/18/90
CONDITIONS OF APPROVAL, IF ANY: