

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

RECEIVED

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



5. LEASE DESIGNATION & SERIAL NO.

C - 028499-B

FEB 6 1986

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

COLO. OIL & GAS CONS. COM.

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"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Twin Arrow, Inc. (303) 675-8226		8. FARM OR LEASE NAME Moran	
3. ADDRESS OF OPERATOR P.O. Box 948 Rangely, CO 81648		9. WELL NO. #4W	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Lot #14 500' FSL, 300' FEL, Sec. #4 At proposed prod. zone		10. FIELD AND POOL, OR WILDCAT Rangely-Mancos	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4-T1N-R102W 6th pm.	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY Rio Blanco	13. STATE Colorado

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 <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>REQUEST FOR LOGS</u> <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 _____ * Must be accompanied by a cement verification report.

Twin Arrow, Inc. does not have any logs on the above mentioned well or any other information. I am sorry I can not help you on your request.

B

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

SIGNED Trenton Day TITLE Production Foreman DATE 2/4/86

(This space for Federal or State office use)

APPROVED BY William Smith TITLE DIRECTOR DATE FEB 10 1986

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

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