



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

RECEIVED

SEP 30 1986

Indicate for Patented and Federal lands.
 Indicate for State lands.

5. LEASE DESIGNATION & SERIAL NO.
 C-028499-B
 6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS
 (Do not use this form for proposals to drill or to deepen or plug back a well or to install a 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. 90700 (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 At proposed prod. zone Lot #14, 500' FSL, 300' FEL, Sec. #4		10. FIELD AND POOL, OR WILDCAT Rangely-Mancos	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4 T1N-R102W 6th p.m.	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY Rio Blanco	13. STATE Colo.

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) <input type="checkbox"/>	
(Other) REHABILITATE & RESEED <input checked="" type="checkbox"/>	XX <input checked="" 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 Sept. 1986 * Must be accompanied by a cement verification report.

This well has been rehabilitated, reseeded and work completed.

103-05384



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

SIGNED Donald S. Miller TITLE PRODUCTION SUPERINTENDENT DATE 9-18-86

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE SUPR. PETROLEUM ENGINEER DATE OCT 02 1986
 Oil & Gas Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY:



Handwritten mark