

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

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 checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION & SERIAL NO. Fee lease
2. NAME OF OPERATOR Coors Energy Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME ----
3. ADDRESS OF OPERATOR PO Box 467, Golden, Colorado 80402		7. UNIT AGREEMENT NAME McHatten Reservoir
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1003' FEL, 1780' FNL, SE/NE At proposed prod. zone same		8. FARM OR LEASE NAME Moore
14. PERMIT NO. 822012		9. WELL NO. 1-10MH
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6915' GL		10. FIELD AND POOL, OR WILDCAT McHatten Reservoir
		11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA Sec. 10, T1N-R93W
		12. COUNTY Rio Blanco
		13. STATE Colorado

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, (Other) <input type="checkbox"/>	CHANGE PLANS: <input type="checkbox"/>

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) <u>Shut in Report</u>	

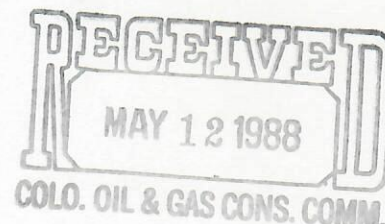
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)

* Must be accompanied by a cement verification report.

18. Date of work _____

This well is presently shut in due to no demand for the gas.



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

PRINT R. L. Martin



SIGNED R. L. Martin TITLE V.P. O/G Operations DATE 5-9-88

(This space for Federal or State office use)

APPROVED BY [Signature]
CONDITIONS OF APPROVAL, IF ANY:

SUPR. PETROLEUM ENGINEER
STATUS RE Oil & Gas Cons. Comm.
EVERY 6 MONTHS ON SHUT-IN
& TEMPORARILY ABANDONED WELLS.

DATE AUG 03 1988