

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 type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION & SERIAL NO. 03301	
2. NAME OF OPERATOR L.P. Moore, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 772851 Steamboat Springs, Co. 80477		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface SE/4 NW/4 At proposed prod. zone Same		8. FARM OR LEASE NAME Lisco	
14. PERMIT NO. 8228		9. WELL NO. 14-22	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5450 Gr		10. FIELD AND POOL, OR WILDCAT Sonar	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 14-3S-64W	
		12. COUNTY Adams	13. STATE Co.

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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <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 type="checkbox"/>
(Other) <input type="checkbox"/>	

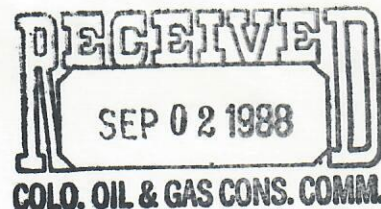
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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 9/7/88

\* Must be accompanied by a cement verification report.

The above well is no longer capable of commercial production.



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

PRINT Larry P. Moore

SIGNED *L.P. Moore* TITLE President DATE 9/1/88

(This space for Federal or State office use)

SUPR. PETROLEUM ENGINEER  
Oil & Gas Cons. Comm.

APPROVED BY *J. A. [Signature]* TITLE DATE

SEP 23 1988

CONDITIONS OF APPROVAL, IF ANY: