



00385460

OGCC FORM 4
Rev. 1/78

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.)

5. LEASE DESIGNATION & SERIAL NO.	03301
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME	Lisco
9. WELL NO.	14-22
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.

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. NAME OF OPERATOR L.P. Moore, Inc.
3. ADDRESS OF OPERATOR P.O. Box 772851 Steamboat Springs, Co. 80477
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
14. PERMIT NO. 8228
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5450 Gr

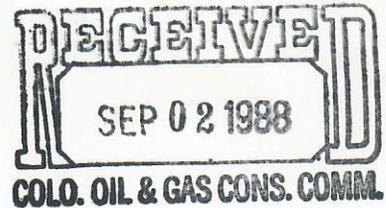
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

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 checked="" type="checkbox"/>	(Other) _____	
(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 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 *Larry 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 *[Signature]* TITLE _____ DATE SEP 23 1988

CONDITIONS OF APPROVAL, IF ANY: _____