

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.
2. NAME OF OPERATOR <i>L. P. Moore, Inc.</i>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <i>P.O. Box 772851 Steamboat Springs, Co. 80477</i>	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 <i>SE NW Sec. 14-35-64W</i> At proposed prod. zone	8. FARM OR LEASE NAME <i>Lisco 03301</i>
14. PERMIT NO. <i>8228</i>	9. WELL NO. <i>14-22</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>5450' GR</i>	10. FIELD AND POOL, OR WILDCAT <i>Sonar</i>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
	12. COUNTY <i>Adams</i>
	13. STATE <i>Co.</i>

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 <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <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 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 *9/2/88*

* Must be accompanied by a cement verification report.

RECEIVED

DEC 08 1988

COLD OIL & GAS CONS. COMM

*CIBP at 7925' + 10 SX
Cement plug from 1600-1650'
Cement plug from 1375-1425'
Cement plug from 650 to 600'.
25 sack plug at 235'.
5 sack plug at surface.
Surface has been restored.*

EXHAUSTED
OIL WELL

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

PRINT *Larry P. Moore*
SIGNED *Larry P. Moore* TITLE *President* DATE *12/7/88*
(This space for Federal or State office use)
APPROVED BY *J. A. [Signature]* TITLE *SUPR. PETROLEUM ENGINEER* DATE *DEC 09 1988*
CONDITIONS OF APPROVAL, IF ANY: