



RECEIVED

OGCC FORM 4  
Rev. 1/78

STATE OF COLORADO  
OIL AND GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES  
COLD. OIL & GAS CONS. COMM

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 Lifestyle Energy Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 3232 McKinney Ave., Suite 575, Dallas, TX 75204		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 1980' FWL & 660' FSL Sec. 24-T3S-R64W At proposed prod. zone 1980' FWL & 660' FLS Sec. 24-T3S-R64W		8. FARM OR LEASE NAME Danford-Champlin	
14. PERMIT NO. 80293		9. WELL NO. 2-24	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5491 GR		10. FIELD AND POOL, OR WILDCAT Bennett	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 24 T3S-R64W 6th PM	
		12. COUNTY Adams	13. STATE Colorado

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) <u>Temporarily Abandoned</u> <input 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 \_\_\_\_\_

\* Must be accompanied by a cement verification report.

8 5/8" 24# set @ 253' cemented with 225 sacks with 3% CaCl<sub>2</sub>  
 4 1/2 11.6# set @ 8072' cemented with 200 sacks 50/50 POZ with 2% gel  
 2 3/8" 4.7# @ 7707'  
 Perforations 7946-50' 7954-57'  
 acidized with 1000 gallons 7 1/2% SHA with 2 gallons I-15  
 Fracture Treatment 42,000# 20/40 sand 34,000 gallons Apollo 40 gelled water  
 Set BP @ 7941'  
 perforations 7932-7936', acidized with 750 gallons 7 1/2% SHA  
 Fracture treatment 25,500# 20/40 sand 16,000 gallons Apollo 40 gelled water  
 production estimate 8 BOPD 100 MCFD  
 production facilities have not been installed

**STATUS REPORT REQUIRED  
EVERY 6 MONTHS ON SHUT-IN  
& TEMPORARILY ABANDONED WELLS.**

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

PRINT Neil F. Toler

SIGNED Neil F. Toler TITLE Agent DATE 12/28/88

(This space for Federal or State office use)

SUPR. PETROLEUM ENGINEER  
Oil & Gas Cons. Comm.

JAN 09 1989

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

DATE \_\_\_\_\_