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

File in duplicate for Patented and Federal lands
File in triplicate for State lands.

COLO. OIL & GAS CONSERV. COMM.



00417854

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 AND SERIAL NO. FEE	
2. NAME OF OPERATOR BASS ENTERPRISES PRODUCTION CO. A DIVISION OF BASS BROTHERS ENTERPRISES, INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1512 Larimer Street, Suite 1000, Denver, Colorado 80202-1687		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 SE 660' FSL, 660' FEL, Section 10, T-3-S, R-65-W At proposed prod. zone		8. FARM OR LEASE NAME Bass Box Elder Farms	
14. PERMIT NO. 84639		9. WELL NO. 10-33	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GL - 5421'		10. FIELD AND POOL, OR WILDCAT Mandella	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 10, T-3-S, R-65-W	
		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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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.)

Date of work 6/8/84

Plugged as follows:
Plug #1: 1700 - 1500' 60 sx
#2: 500 - Surface 40 sx
#3: Surface 5 sx

Steel cap installed.
Plugged as per Jim McKee

Handwritten signature/initials

18. I hereby certify that the foregoing is true and correct
SIGNED *John B. Smith* TITLE Asst. Production Foreman DATE June 11, 1984

(This space for Federal or State office use)
APPROVED BY *William R. Smith* TITLE DIRECTOR
CONDITIONS OF APPROVAL, IF ANY: *7/11* DATE JUL 11 1984

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