

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



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 Timka Resources, Ltd		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1520 E. Mulberry, Suite 240, Fort Collins, CO 80524		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 At proposed prod. zone		8. FARM OR LEASE NAME State Propst 27835	
C SE 1/4 NE 1/4 Sec 15 10N 53 W		9. WELL NO. #1	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)	
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data		10. FIELD AND POOL, OR WILDCAT Bonanza	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
		12. COUNTY Logan	13. STATE CO

NOTICE OF INTENTION TO:

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 checked="" 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.)

18. Date of work 7-21-88

* Must be accompanied by a cement verification report.

Sand Across perfs to 4950
10 Sacks cement
Cut and pull casing
25 sacks cement 400'-450'
25 sacks cement half in bottom of surface, & half out
5 sacks cement in top of surface
Cut surface 4' below ground level and weld cap over pipe

FOR OFFICE USE
FILE
UC
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EXHAUSTED
OIL WELL

RECEIVED
AUG 01 1988
COLO. OIL & GAS CONS. COMM.

19. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE Vice President DATE July 28, 1988

(This space for Federal or State office use)
APPROVED BY [Signature] TITLE SUPR. PETROLEUM ENGINEER DATE AUG 03 1988
CONDITIONS OF APPROVAL, IF ANY:

Cement verification report must be submitted